

Charitable Gift Annuity Application

I wish to enter into a Gift Annuity Agreement with The Lutheran Church—Missouri Synod Foundation as follows:

1. The gift will consist of: *(\$5,000 minimum)*

___ Enclosed check in the amount of : _____ *(Please make payable to the 'LCMS Foundation')*

___ Securities. Approximate value : _____ *(Please call the Foundation for transfer instructions.)*

2. Payments are to be made *(Check one)* ___ Annually ___ Semi-annually ___ Quarterly ___ Monthly

3. Payments are to be made to:

Annuity Recipient #1

(Please check one:) ___ Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Rev. ___ Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of birth: _____ Social Security Number: _____

Phone: _____ Relationship to Donor: _____

Congregation Name, City/State: _____

Annuity Recipient #2 - (if applicable)

(Please check one:) ___ Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Rev. ___ Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of birth: _____ Social Security Number: _____

Phone: _____ Relationship to Donor: _____

Congregation Name, City/State: _____

Note: If Recipients are husband and wife, the social security number of Annuity Recipient #1 will be used for tax reporting purposes. Please contact the LCMS Foundation if this is not your preference.

4. The gift portion of this Annuity is to be used for:

_____ % to the area of greatest need as determined by the LCMS Foundation.
 _____ % to *Lutheran Association of Missionaries and Pilots Inc. U.S.*
 3525 N 124th Street, Brookfield, Wisconsin 53005
 _____ %
 _____ %
 _____ %

5. For the Annuity Rate, I choose:

_____ The standard Annuity Rate based on the age(s) of the Annuity Recipients(s).
 _____ A Rate **lower** than the standard rate: _____ (Insert selected rate)

6. Send me tax information for this gift based on: (check one)

_____ Highest tax deduction (lower tax-free payments).
 _____ Highest tax-free payments (lower tax deduction).

7. Please circle the answer:

Yes or **No** This gift annuity represents less than 1/5 of my/our entire estate, excluding my/our house and any life insurance policies.

Yes or **No** I/we have consulted an attorney regarding this gift annuity.

I have read the insert entitled Disclosure by Exempt Charitable Organization. I understand that:

- **This Gift Annuity Agreement is irrevocable**
- **The designated annuity recipient(s) will receive fixed payments for life, and**
- **Upon completion of the annuity payments the remaining gift amount, if any, will be used for the religious, charitable or educational purposes I have designated.**

Signature of applicant

Date

Signature of co-applicant (if applicable)

Date

Note to South Dakota Residents: *Charitable gift annuities are not regulated by and are not under the jurisdiction of the South Dakota Division of Insurance.*

Note to Oklahoma Residents: *A Charitable Gift Annuity is not regulated by the Oklahoma Insurance Department and is not protected by a guaranty association affiliated with the Oklahoma Insurance Department.*

