



## 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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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** Does the gift annuity represent less than 1/5 of your entire estate, not including your house and any life insurance policies?  
**Yes** or **No** Have you 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.

