



Trinity Lutheran Church

Trinity Lutheran Church
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Sauk Rapids, MN 56379

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APPLICATION FOR GIFT ANNUITY AGREEMENT

Offered through our partnership with The Lutheran Church—Missouri Synod Foundation

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

1. ☐ A check in the amount of \$ _____ is enclosed (*payable to "LCMS Foundation"*).
(*\$5,000 minimum*)
☐ Securities with the approximate value of \$ _____ (*please contact the Foundation for transfer instructions*).

2a. **Please make payments:** (check one)

☐ annually ☐ semi-annually

☐ quarterly ☐ monthly

2b. **Start my payments:** (check one)

☐ Now ☐ I'll tell you later

If you checked "later," please contact the Foundation about benefits and details of flexible gift annuities.

3. **Payments are to be made for life to:** (*Please print or type*)

RECIPIENT ONE:

Title _____ Name _____
Street Address _____ City, State _____ Zip Code _____
Phone Number _____ Best time to call _____ E-mail _____
Social Security No. _____ Date of Birth _____ Relationship to applicant _____
Home Congregation _____ City/State _____

RECIPIENT TWO (if applicable):

Title _____ Name _____
Street Address _____ City, State _____ Zip Code _____
Phone Number _____ Best time to call _____ E-mail _____
Social Security No. _____ Date of Birth _____ Relationship to applicant _____
Home Congregation _____ City/State _____

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





4. **It is understood that the gift portion of the annuity is to be used for the ultimate benefit of:**

____ % Trinity Lutheran Church

____ %
Organization name

____ %
Organization name

____ %
Organization name

5. **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)

6. **Please check the answer:**

☐ **Yes** ☐ **No** Does this Gift Annuity represent less than 1/5 of your entire estate,
not including your house and life insurance?

☐ **Yes** ☐ **No** Have you consulted an attorney regarding this Gift Annuity?

I have read the enclosed insert entitled "What is a Gift Annuity?"

I fully understand that the Gift Annuity Agreement of the LCMS Foundation is irrevocable, that the designated annuity recipient(s) will receive payments for life, and that the remaining gift portion, if any, will be used for the religious, charitable or educational purpose I designated.

Signature of applicant

Date

Signature of applicant

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.



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