CHARITABLE GIFT ANNUITY APPLICATION

Offered through The Lutheran Church — Missouri Synod Foundation

Title Donor's Full Legal Name					
Preferred NameDate of Birth_		Social Security Number			
Street Address					
City	State	Zip			
Phone Number H	ome 🗆 Mob	ile Email			
Home Congregation Name		City, and State			
Contribution Amount (\$10,000 minimum):					
Funded by:					
Number of Annuitants: ☐ One ☐ Two					
Complete this section if the dono	r is not the a	annuitant or to name a second ann	uitant.		
Title Donor's Full Legal Name					
Preferred NameDate of Bird	th	Social Security Number			
Relationship to Donor					
Street Address					
City	State	Zip			
Start My Payments: 🗖 Now 🗖 Later (Defer	red) For defe	erred payments, please contact us for more i	nformation		
Direct Deposit Information (please include a v	voided check)	:			
Bank Name					
Bank Routing Number (ABA)		*:000000000: *:000000000:	1025		
Account Number					
☐ Checking ☐ Savings		Bank Routing Bank Account Number Number	Check Number		
Please provide contact information for someo	ne that we ca	n contact if we cannot reach you.			
Name	Phone				

Charitable Beneficiary:						
Does this Gift Annuity represent less than 1/5 of your entire estate, not including your house and life insurance?		□No				
Have you consulted an attorney regarding this gift annuity?		□No				
I have read the LCMS Foundation's charitable gift annuity disclosure. 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 religious, charitable, or educational purposes of Lutheran Ministries Media, Inc. (aka Worship Anew).						
Donor's Full Legal Name	D	ate				
Donor's Full Legal Name		D	ate			
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.						
THIS OFFER IS NOT VALID TO RESIDENTS OF THE STATES OF HAWAII OR NEW YORK.						
For More Information: Email us at Legacy@WorshipAnew.org or call us at (888) 286-80	002 if you h	ave any questions.				