



Endowment Fund

A Gifting Agreement between You and the Ministry You Support

Instructions: Print out all pages and read carefully. Fill out the entire application. Mail the application along with your gift to:

**Gift Processing – 2nd Floor
The LCMS Foundation
1333 S. Kirkwood Rd.
St. Louis, MO 63122-7295**

Please contact The LCMS Foundation at **1-800-325-7912** if you have any questions or concerns. If you want to use **publicly traded securities** as a gift, please contact The LCMS Foundation for further instructions.

**SCHEDULE OF
REIMBURSEMENT OF EXPENSES**

ENDOWMENT FUNDS AND MEMORIAL FUNDS

Administration and Management Services

Market Value:

Account Services	1.00% on all Account Assets
Account Termination	No Fee

SERVICES INCLUDE

- **Management of assets.**
- **Distributing income and principal as required.**
- **Account statements as required.**

The above charges are quoted on an annual basis, but will be charged monthly at one-twelfth the rate and allocated to income of the account at the time of charge.

I. EXTRAORDINARY SERVICES

The charge provisions in this schedule are minimum charges for usual and customary services. If unusual, special or extraordinary services are required, additional charges will be made.

All direct out-of-pocket expenses incurred by the Foundation on behalf of any particular account shall be reimbursed, including but not limited to selling expenses of real estate, realtors' fees, abstract or title insurance expenses, recording fees, taxes, attorneys' fees, custodian fees, audit fees, etc.

The charges described on this schedule are effective April 1, 2008, and are subject to change.

**ENDOWMENT FUND and MEMORIAL FUND
APPLICATION**

1. **Your Name:** _____
Address: _____ City: _____ State: _____ Zip: _____
Date of birth: _____ Social Security Number: _____
Phone Number: _____ Congregation: _____
2. **Bible Verse to Begin Agreement:** ___ Psalm 111:10 ___ Other: _____
3. **Name of Fund:** _____
4. **Funding** (*Select all that apply*):
___ Cash
___ Publicly Traded Securities
___ Beneficiary Designation
___ Other: Please contact The LCMS Foundation or a Gift Planning Counselor

- Who currently holds legal title to the funding asset? _____
5. **Estimated Amount of Funding:** \$ _____
6. **Ministry:** _____
Name

Address

7. **Agreement's Provision for Ministry:** ___ Income Distribution Only ___ Discretion to Withdraw Principal
8. **Will this Agreement replace an existing Endowment/Memorial Fund?** ___ Yes ___ No

9. **Special Provisions/Notes?** _____

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

11. **Yes or No** Have you consulted an attorney regarding this gift?

Signature

Date