

POOLED LIFE INCOME APPLICATION

1. I/We hereby transfer to the Lutheran Church—Missouri Synod Foundation Pooled Trust Fund III, under the terms and conditions set forth in its Declaration of Trust, the following property (\$10,000.00 minimum):

___ Enclosed check in the amount of: \$ _____.
___ Securities valued at approximately: \$ _____.

2. Lifetime income from the property is to be made to:

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



3. If more than one person will receive payments, payments will be made to them:
- Jointly, with all to the survivor.
 - Consecutively, in the order listed.
 - Other (describe):

Note: If joint payments: 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. When the lifetime income payments for all of the above have terminated, I/we request that the Foundation use the remaining property, in accordance with its policies and procedures and exclusively for its religious and charitable purposes, as follows:

5. To change the ministries above (check one):
- Both donors signing below need to approve.
 - The surviving donor signing below may change.
 - There is only one donor signing below.

6. The amount transferred to the pooled fund is (check one):
- less than 1/5 of my/our total estate
 - more than 1/5 of my/our total estate

7. I/We have consulted an independent advisor (attorney, accountant, etc.) regarding this gift (check one):
- Yes
 - No

I/We have been given an opportunity to review the following regarding the Lutheran Church—Missouri Synod Foundation Pooled Trust Fund III (also available at lcmsfoundation.org or by contacting the Foundation at 800-325-7912):

- Declaration of Trust
- Information Statement
- Schedule of Reimbursement of Expenses
- Fund composition and investment performance

I/We understand the transfer of my/our property, and the terms of its use as directed above, are final and cannot be changed.

[signature]

Date

[signature #2, if applicable]

Date

