



# Agency Fund Application

## Growth Fund

### Your Congregation/Organization:

Name:

Religious Affiliation:      LCMS      ELCA      WELS      Other:

Organization's Tax ID Number:

### Contact Information:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

### Fund Information:

Fund Name:

Fund Purpose: (There may be more than one purpose. The purpose may be general or specific. Part of the fiduciary duty of the LLF is to determine that disbursements are made according to the purpose of the fund.)

### Fund Information Continued:

Initial Gift Amount: \$

Notes:

### Disclosure in Foundation Publication:

From time to time, the Foundation publishes information about funds that have been established. Foundation publications include an annual report, newsletters, brochures and other written material, plus its Web site. Please indicate below whether or not you permit your fund to be recognized in Foundation publications. If no box is checked, the Foundation assumes the organization wishes to remain anonymous in Foundation publications.

We authorize the Lutheran Legacy Foundation to publicize our fund by its fund name in Foundation publications.

### Governing Committee of the Fund:

Name of Committee:

List All Committee Members:

Primary Committee contact name, address, and phone number:

Alternate Committee contact name, address, and phone number:

*\*It is the responsibility of the organization to notify the Lutheran Legacy Foundation when changes in the Governing Committee are made.*

## Distribution Instructions:

**Choose option one or two.**

**Option 1: Receive distributions on a regularly scheduled basis.**

Distribution Percentage                    %. (For the long-term sustainability of the Fund it is recommended that the regularly scheduled distribution not be in excess of 5%.)

(please mark one)

Send the regularly scheduled distribution:                    Annually                    Semi-Annually

**Option 2: Receive distributions at the request of your Governing Committee**

## Principal Balance Options:

**Must check one.**

Do not allow a distribution that would cause the Fund balance to fall below the principal amount.

The Fund balance may fall below the principal amount.

## Contingent Charitable Beneficiary:

**Please indicate how your fund is to be directed should you lose your tax-exempt status or are no longer a viable organization by selecting one of the following options. If no box is checked, the Foundation assumes your selection to be to the LLF Community Fund.**

To be contributed to the LLF Community Fund

To be contributed to a Lutheran Field of Interest (name fields) of interest):

To be contributed to a specific Lutheran organization as an endowment in LLF (name organization):

## Submit Completed Forms:

**Please submit completed forms via one of the following:**

email to:  
[LLF@lutheranlegacyfoundation.org](mailto:LLF@lutheranlegacyfoundation.org)

mail to:  
Lutheran Legacy Foundation  
P.O. Box 31  
Paris, IL 61944