

# Charitable Life Insurance Intent Form (Confidential)



Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I wish to make a gift of:

- an existing life insurance policy that is paid-up in full;
- an existing life insurance policy upon which I intend to pay future premiums;
- a new life insurance policy

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Agent: \_\_\_\_\_ Agent's Phone: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

This policy insures the life/lives of: \_\_\_\_\_

This policy is owned by:

- the insured; Luther Seminary is a beneficiary (\_\_\_\_%)
- Luther Seminary
- Luther Seminary as a partial owner (\_\_\_\_%);  
Additional owners are as follows: \_\_\_\_\_

PREMIUMS: In the future,

- no future premiums will be paid; the policy is paid-up.
- premiums will be paid directly to the insurance company;
- premiums will be sent to Luther Seminary, who will pay the insurance company
- Other: \_\_\_\_\_

The death benefit of this policy is \$\_\_\_\_\_, and I wish it to be used for:

\_\_\_\_\_  
\_\_\_\_\_

*By signing this, I reaffirm my commitment to Luther Seminary. However, this letter shall not be binding upon my estate, and the information contained herein shall be used for Luther Seminary purposes only.*

\_\_\_\_\_

\_\_\_\_\_

Signed

Date Signed



## SEMINARY RELATIONS

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