



Insurance Donation Program Application

Lancewood Institute EIN: 33-2370497

6017 Pine Ridge Rd, Suite 150

Naples, Florida 34119

PROGRAM APPLICATION

Thank you for your interest in participating in the Lancewood Institute Insurance Donation Program. The purpose of this program is to support the charitable mission and activities of Lancewood Institute through voluntary charitable giving arrangements involving life insurance and related charitable planning concepts.

Submission of this application does not guarantee acceptance into the program. All participation is subject to review, eligibility requirements, charitable suitability review, and approval by independent licensed insurance carriers and professionals. Lancewood Institute reserves the right, in its sole discretion, to approve or decline any application.

APPLICANT INFORMATION

Full Legal Name: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email Address: _____

CHARITABLE INTERESTS

Please describe the charitable, educational, religious, humanitarian, or community causes that are important to you:

CHARITABLE INTENT ACKNOWLEDGMENT

By signing below, I acknowledge and affirm the following:

1. I am voluntarily expressing an interest in supporting the charitable mission of Lancewood Institute through potential charitable giving strategies and programs.
2. My participation is motivated by charitable intent and a desire to support charitable causes and activities operated or supported by Lancewood Institute.
3. I understand that submitting this application does not create any contractual right, obligation, or guarantee of acceptance into the program.
4. I understand that participation in any insurance-related charitable giving arrangement is subject to underwriting approval and eligibility requirements established by independent insurance carriers and professionals.
5. I understand that Lancewood Institute:
 - Does not sell insurance;

- Is not an insurance company or insurance agency;
 - Does not provide legal, tax, investment, accounting, or financial advice;
 - Does not act as a fiduciary, broker, or financial planner.
6. I understand that I should consult with my own independent legal, tax, accounting, insurance, and financial advisors before entering into any charitable giving arrangement or insurance-related transaction.
 7. I understand that no representation has been made regarding tax deductibility, tax treatment, financial performance, or insurance approval.
 8. I understand that any charitable contribution made to Lancewood Institute is voluntary and subject to applicable federal and state laws and Internal Revenue Service regulations governing charitable organizations and charitable deductions.
 9. I authorize Lancewood Institute and its designated program administrators or service providers to contact me regarding my charitable interest and this application.
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IRS AND COMPLIANCE NOTICE

Lancewood Institute is recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. No goods or services are being sold through this application. Participation in this program is intended solely to facilitate voluntary charitable support of Lancewood Institute and its charitable activities. Any potential tax benefits associated with charitable contributions are determined solely under applicable law and individual taxpayer circumstances. Applicants should seek independent professional advice regarding any tax or legal consequences.

Lancewood Institute does not guarantee the availability, approval, issuance, or performance of any insurance product or charitable planning arrangement.

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Applicant Signature: _____

Printed Name: _____

Date: _____

RETURN COMPLETED APPLICATION TO

Lancewood Institute
6017 Pine Ridge Rd, Suite 150
Naples, FL 34119

info@lancewoodinstitute.com