



Church Extension Fund

CEF Investment Application

New Account – Individual

1 INVESTMENT OWNERSHIP (Choose A, B, or C)

☐ **A: Sole or Joint Owners** *(One or more owners with full rights of survivorship and not tenants in common. Interest is reported to the IRS using the Social Security number of the first owner listed.)*

1. Name: _____ SSN: _____ DOB: _____
Address: _____ City/State: _____ Zip: _____
Phone: _____ E-mail: _____

2. Name: _____ SSN: _____ DOB: _____
Address: _____ City/State: _____ Zip: _____
Phone: _____ E-mail: _____

3. Name: _____ SSN: _____ DOB: _____
Address: _____ City/State: _____ Zip: _____
Phone: _____ E-mail: _____

☐ **B: Trust** *(Please complete the "Certificate of Existence of Trust and Authority to Act" on page 4.)*

Name of Trust _____

☐ **C: Custodial Investment for Minor** *(Michigan Uniform Transfers to Minors Act. Interest is required to be reported to the IRS using the Social Security number of the minor.)*

1. Name: _____ SSN: _____ DOB: _____
Address: _____ City/State: _____ Zip: _____

2. Custodian Name: _____ SSN: _____ DOB: _____
Address: _____ City/State: _____ Zip: _____
Phone: _____ E-mail: _____

3. Send Account Statement to: ☐ Minor Address ☐ Custodian Address

2 INVESTMENT TYPE

☐ Fixed Rate Note Term: (3-60 mo) _____ Variable Rate Note Term: ☐ 1yr ☐ 2 ½ yr ☐ 5 yr

☐ Fixed Rate 2+2 Note ☐ Demand Savings Certificate

☐ 5-Year Fixed Rate Jumbo Note ☐ Extension Plus

☐ Issue Visa® Check Card (optional)
I am employed by a Lutheran ministry

Total Investment Amount: \$ _____

3 INTEREST

Interest will accumulate in this account **unless** otherwise noted below.

- ☐ Send an interest check
- ☐ Electronically transfer interest to an existing CEF Account (Account #): _____
- ☐ Electronically transfer interest to an external financial institution

Routing #: _____ Account #: _____

This is a: ☐ Checking Account or ☐ Savings Account

Pay Interest: ☐ Monthly ☐ Quarterly ☐ Annually

4 MEMBER CONGREGATION

Congregation Name _____

City _____

5 INVESTMENT CERTIFICATION ("I" refers to all applicants, whether one or more)

- I hereby apply to open the type of account shown above and certify that all information provided is true and correct.
- I am of legal age and have received a current Offering Circular of Church Extension Fund of the Michigan District of the Lutheran Church-Missouri Synod.
- I attest that I am part of the "Limited Class of Investors" as described in the Offering Circular.
- I understand that the Electronic Feature(s) selected will remain in effect until revoked in writing.
- I authorize CEF to initiate any correcting debit or credit that may be necessary.
- I understand that the amount of interest that is deposited into my account may vary due to a change in the interest rate, account balance, or number of days in the payment period.
- If opening an Extension Plus Account, I understand and agree to the terms, conditions, and agreements found in the "CEF Investor Application – Rules & Regulations" section of the Offering Circular.
- Under penalties of perjury, I certify that the Social Security or Tax ID number shown on this application is correct.
- I am a U.S. person (including a U.S. resident alien).
- I am not subject to backup withholding because I am [a] exempt from backup withholding or [b] the IRS has not notified me that I am subject to backup withholding as a result of a failure to report all interest or dividends, or [c] the IRS has notified me that I am no longer subject to backup withholding.
- Please strike through and initial the previous sentence if you ARE currently subject to backup withholding.
- THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS APPLICATION OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Note: Due to IRS regulations we cannot record your investment until your Social Security number or Tax ID number is provided and the certification above is signed. If the primary owner is a minor, the application must be signed by a joint owner or court-designated person.

6 SIGNATURES (Must have signature of all owners/trustees/custodians)

X	_____	_____	_____
SIGNATURE	Date	Mother's Maiden Name	
X	_____	_____	_____
SIGNATURE	Date	Mother's Maiden Name	

Electronic Delivery Agreement for CEF's Offering Circular

- ☐ In lieu of receiving a mailed copy of the Offering Circular, please notify my household, via email, that the Offering Circular and Annual Report are available for review on the CEF website, www.mi-cef.org (you must include email on page 1). This request may be revoked at any time by contacting CEF by email or in writing.



Church Extension Fund

Pay On Death Beneficiary

List the person(s) or organization(s) (such as the ministry of Church Extension Fund or a congregation) and related information to whom you want to transfer your Note at your death (or, if more than one owner, at the death of the surviving owner).

% BENEFICIARIES (Total Percentage must equal 100%)

<div>Name</div> <div>Address</div> <div>City/State/Zip</div> <div>Phone</div> <div>E-mail</div> <div>DOB</div> <div>Relationship</div> <div>Social Security Number / Tax ID number</div> <div>Percentage</div> <div>%</div>	<div>Name</div> <div>Address</div> <div>City/State/Zip</div> <div>Phone</div> <div>E-mail</div> <div>DOB</div> <div>Relationship</div> <div>Social Security Number / Tax ID number</div> <div>Percentage</div> <div>%</div>
<div>Name</div> <div>Address</div> <div>City/State/Zip</div> <div>Phone</div> <div>E-mail</div> <div>DOB</div> <div>Relationship</div> <div>Social Security Number / Tax ID number</div> <div>Percentage</div> <div>%</div>	<div><input type="checkbox"/> I would like to support the ministry of Church Extension Fund with a portion of the proceeds of this investment.</div> <div>Church Extension Fund 3773 Geddes Rd Ann Arbor, MI 48105 Tax ID number: 38-1561602</div> <div>Percentage: _____ %</div> <div>CEF is a 501(c)3 religious organization. All gifts are tax deductible. Through generous donors like you, CEF supports LCMS ministries by providing grants and services.</div>

I/we, being all of the owner(s) of the Church Extension Fund Note, acknowledge that we have read and fully understand the instructions in the Offering Circular and hereby request Church Extension Fund to register the Note with a beneficiary or beneficiaries, as directed above. I/we understand that the beneficiaries shall receive the Note subject to all the stated terms. I/we also understand and agree that this form and the "Pay On Death" (POD) designation to be stated on the Note are binding upon my/our heirs, beneficiaries, and legal representatives at my/our death(s) and shall be construed and applied in accordance with the laws of the State of Michigan.

PRINT Name of Owner 1

Date

X

SIGNATURE Name of Owner 1

PRINT Name of Owner 2

Date

X

SIGNATURE Name of Owner 2



SPOUSAL CONSENT (Complete only if Spouse is not an owner)

I am the spouse of the account holder named above. I give to the account holder any interest I have in the funds deposited in this account. Therefore, I agree to my spouse's naming of a primary beneficiary other than myself. I also acknowledge that I shall have no claim whatsoever against Church Extension Fund for any payment to my spouse's named beneficiary(ies).

X

SIGNATURE of Account Owner's Spouse

Spouse of

Date



Church Extension Fund

Certificate of Existence of Trust and Authority to Act

[This form to be completed **ONLY** if investments are to be registered in the name of a Trust.]

Name of Trust: _____

Name of Grantor(s): _____

Social Security Number/Tax ID Number (used for the Trust): _____

Date of Trust: _____ Date of Last Amendment: _____

or ☐ Trust has not been amended



TRUSTEE INFORMATION

Name(s) of Trustee(s)

Trustee(s) ☐ May act separately -or- ☐ Must act jointly

Printed Name of Trustee

Printed Name of Trustee

Address of Trustee

Address of Trustee

City/State/Zip

City/State/Zip

Phone

E-mail

Phone

E-mail

Name(s) of Successor Trustee(s)

Successor Trustee(s) ☐ May act separately -or- ☐ Must act jointly

Printed Name of Successor Trustee

Printed Name of Successor Trustee

The undersigned Trustee(s) and, if the trust is revocable, the above-referenced Grantor(s), hereby certify(ies) to CEF that:

- ☒ The information on this form is correct.
- ☒ The undersigned Trustee(s) is/are all of the duly authorized and acting Trustee(s) of this trust.
- ☒ The undersigned Trustee(s) has/have the power under the trust and the applicable law to enter into transactions and issue instructions to CEF concerning the trust.
- ☒ Any and all transactions effected and instructions given will be in full compliance with the trust.
- ☒ CEF will be informed in writing of any changes in the composition of the Trustees, or any other event which could alter the certifications above.
- ☒ CEF is indemnified, jointly and severally, and held harmless, from any liability for effecting transactions pursuant to the instructions given by any of the Trustees so identified on this form.
- ☒ CEF is indemnified from all costs (including reasonable attorneys fees) incurred as a result of reliance by CEF on this certification or any instructions from the Trustee(s) or any Successor Trustee.
- ☒ CEF has not been provided with a copy of the trust instrument, and further, the Trustee(s) agree(s) that CEF will have no responsibility to examine the trust instrument or to ensure the proper application of the trust assets in accordance with the trust instrument.
- ☒ If Trustee(s) has/have entered into an agency agreement with another entity who is authorized to act for the Trustee(s) with respect to this investment, please provide agency information here: _____

X

SIGNATURE of Trustee

Date of Birth

Social Security Number

X

SIGNATURE of Trustee

Date of Birth

Social Security Number

DATE OF SIGNATURE: _____