

Maturity Options & Addition/Redemption Form



Church Extension Fund

Name on Account: _____ Account #: _____

1 MATURITY OPTIONS

- ☐ To have your note automatically renew, no action is necessary. A new interest rate and term will be in effect during the month your note matures.
- ☐ Exchange my note for a new investment when it reaches maturity
(select new investment in Section 2, and complete Section 4 or 5 if adding/redeeming funds)
- ☐ Redeem Note when it reaches maturity
(skip to Section 4)

2 INVESTMENT TYPE

- | | |
|--|--|
| <input type="checkbox"/> Fixed Rate Note Term: (3-60 mo) _____ | Variable Rate Note Term: <input type="checkbox"/> 1yr <input type="checkbox"/> 2 ½ yr <input type="checkbox"/> 5 yr |
| <input type="checkbox"/> Fixed Rate 2+2 Note | <input type="checkbox"/> Demand Savings Certificate |
| <input type="checkbox"/> 5-Year Fixed Rate Jumbo Note
(\$100,000 minimum) | <input type="checkbox"/> Extension Plus |
| | <input type="checkbox"/> 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
- 9-Digit Routing #: _____ Account #: _____
- This is a: ☐ Checking Account or ☐ Savings Account

Pay Interest: ☐ Monthly ☐ Quarterly ☐ Annually

4 ONE TIME ADDITIONS OR REDEMPTIONS

Addition \$ _____

- ☐ Send a Check (make checks payable to Church Extension Fund)
- ☐ Electronic Transfer
- ☐ Wire (\$15 Fee - call for instructions)

Continued on page 2

Continued from page 1

Redemption* \$ _____

☐ Send a Check

☐ Electronic Transfer

9-Digit Routing #: _____ Account #: _____

Type of Account: ☐ Checking ☐ Savings

☐ Wire (\$15 Fee - call for instructions)

**Certain early redemptions may incur a penalty. For IRA distributions only you must call the CEF office.*

5 RECURRING ADDITIONS OR REDEMPTIONS (For Extension Plus & Demand Savings only)

Additions

9 Digit Routing #: _____ Account #: _____

Type of Account: ☐ Checking ☐ Savings

Amount: \$ _____ On Date: _____ Frequency: _____

Redemptions

☐ Send a Check

☐ Electronic Transfer

9-Digit Routing #: _____ Account #: _____

Type of Account: ☐ Checking ☐ Savings

Amount: \$ _____ On Date: _____ Frequency: _____

6 CERTIFICATION ("I" refers to all owners/authorized signers/officers)

- I 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.
- If an organization, I am authorized to act on behalf of such organization.
- 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 the 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 form 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.

7

EXTENSION PLUS PROVISIONS (Please complete ONLY if you selected Extension Plus in Section 2)

Check Writing Signature Authorization

- ☐ Either individual is authorized to sign checks
- ☐ Both individuals are required to sign checks (If this option is selected, a Visa® Check Card cannot be issued)
- ☒ If either individual is authorized to sign checks, I hereby authorize CEF to accept any order of redemption signed by either authorized signator.

Visa® Check Card Authorization

- ☒ If a Visa® Check Card was selected in Section 2, cards will be issued in the name of the organization and the authorized user (separate card for each user).
- ☒ If a Visa® Check Card was selected in Section 2, I hereby certify that the information provided in this section is correct, and I further authorize CEF to accept any such order of redemption signed by either authorized signator.

Authorized User #1 (Print Name and Title)

Authorized User #2 (Print Name and Title)

Phone

Phone

SSN

DOB

SSN

DOB

Signature

Signature

8

SIGNATURES

X

Signature

Print Name and Title

Date

X

Signature

Print Name and Title

Date

Electronic Delivery Agreements (Optional)

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

Please enroll me in electronic account statements (e-statements). You must include your email below.

Email: _____