



CEF Investment Application

New Account – Congregation & Organization

1 INVESTMENT OWNERSHIP

Organization Name (if applicable, specify organization account) _____ Tax ID Number _____ This organization is tax-exempt

Address _____ City/State _____ Zip _____

Phone _____ E-mail _____

2 INVESTMENT TYPE

Fixed Rate Note Term: 1yr 2 yr 5 yr Variable Rate Note Term: 1yr 2 yr 5 yr

Fixed Rate 2+2 Note Demand Savings Certificate

5-Year Fixed Rate Jumbo Note (\$100,000 minimum) Extension Plus (must complete Section 7)

5-Year Ministry Reserve Note (\$100,000 minimum) Issue Visa® Check Card (optional)

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 INVESTMENT CERTIFICATION (“I” refers to the authorized signers/officers of the organization)

By signing this application, I certify and understand that:

- I am authorized to act on behalf of the organization listed in Section 1.
- I have received the current Offering Circular of Church Extension Fund of the Michigan District of the Lutheran Church-Missouri Synod.
- The Applicant is a part of the “Limited Class of Investors” as described in the Offering Circular.
- The electronic feature(s) selected will remain in effect until revoked in writing.
- CEF is authorized to initiate any correcting debit or credit that may be necessary.
- The amount of interest deposited into the account may vary due to a change in the interest rate, account balance, or number of days in the payment period.

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Continued from page 1

- If opening an Extension Plus account, I agree to the terms, conditions, and agreements found in the “CEF Investor Application –Rules & Regulations” section of the Offering Circular.
- Under penalties of perjury,
 - The number shown on this form is the correct Taxpayer ID Number, and
 - The congregation or organization is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the IRS that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) it has been notified by the IRS that it is 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 Taxpayer ID Number is provided and this application is signed. All correspondence, including interest checks and statements, must be sent to the organization address only.

5 ONLINE ACCESS ENROLLMENT

Enroll In Online Access: _____
Authorized User Email

6 SIGNATURES

X _____
Officer Signature Print Name and Title Date

X _____
Officer Signature Print Name and Title Date

Electronic Delivery Agreement for CEF's Offering Circular

- In lieu of receiving a mailed copy of the Offering Circular, please notify the organization, 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 in Section 1). This request may be revoked at any time by contacting CEF by email or in writing.

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)	Authorized User #2: (Print Name)
_____	_____
Phone	Phone
_____	_____
SSN	DOB
_____	_____
SSN	DOB
_____	_____
Signature	Signature