

Account Update Form



Church Extension Fund

Name on Account: _____ Account #: _____

1 PERSONAL INFORMATION CHANGES Please enter any NEW information in the spaces below

Name: _____ (a valid marriage license or W-9 must be provided)
Address: _____ City/State: _____ Zip: _____
Phone: _____ E-mail: _____
Congregation Name: _____ City: _____

2 ACCOUNT OWNER CHANGES

Add an Owner: (if adding a minor, please contact CEF)

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

Remove an Owner: (only applicable upon death of joint owner)

Name of deceased: _____ (a valid death certificate must be provided)

Change to Trust Ownership (must complete page 3)

To make any other account changes, please contact CEF.

3 BENEFICIARY CHANGES

Name

Address

City/State/Zip

Phone E-mail

DOB Relationship

Social Security Number / Tax ID number Percentage %

Name

Address

City/State/Zip

Phone E-mail

DOB Relationship

Social Security Number / Tax ID number Percentage %

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.

4 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.
- 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.

By signing, I/we attest that the information herein is true.

X

SIGNATURE

Date

X

SIGNATURE

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: _____