Maturity Options & Addition/Redemption Form



Name on Account:	Account #:			
1 MATURITY OPTIONS				
Let my note renew at the then current rate when it reaches maturity (complete Section 4 if making an addition or redemption)				
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				
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	ExtensionPlus			
	☐ 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 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				

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Redemption* \$					
Send a Check					
☐ Electronic Transfer					
Routing #:	Account #	:			
Type of Account: Checking					
☐ Wire (\$15 Fee - call for instructions)					
*Certain early redemptions may incur a penalty.					
5 RECURRING ADDITIONS OR REDE	MPTIONS (For Exter	sionPlus & Demand Savings only)			
Additions					
Routing #:	Account #				
Type of Account: Checking	Savings				
,.		-			
Amount: \$	On Date:	Frequency:			
Redemptions					
Send a Check					
☐ Electronic Transfer					
Routing #:	Account	#:			
Type of Account:	Savings				
Amount: \$	On Date:	Frequency:			
6 CERTIFICATION ("I" refers to all own	ers/authorized signer	s/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 ExtensionPlus 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.

/ EXTENSIONPLUS PR	COVISIONS (Flease COII	inplete ONLT II you selected Extens	SIOTIFIUS IT Section 2)		
Check Writing Signature Auth	norization				
☐ 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 Authorizat	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 Tit	le)	Authorized User #2 (Print Name a	and Title)		
Phone		Phone			
SSN	DOB	SSN	DOB		
Signature		Signature			
O CICNATURES					
8 SIGNATURES					
x					
Signature		Print Name and Title	Date		
x					
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.					