

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

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 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 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 ONLINE ACCESS ENROLLMENT

Enroll me in Online Access

E-mail (required): _____

7 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.churchextensionfund.com (you must include email on page 1). This request may be revoked at any time by contacting CEF by email or in writing.



Pay On Death Beneficiary

Church Extension Fund

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%)

Name _____		Name _____	
Address _____		Address _____	
City/State/Zip _____		City/State/Zip _____	
Phone _____	E-mail _____	Phone _____	E-mail _____
DOB _____	Relationship _____	DOB _____	Relationship _____
Social Security Number / Tax ID number _____ %		Social Security Number / Tax ID number _____ %	

Name _____		<input type="checkbox"/> I would like to support the ministry of Church Extension Fund with a portion of the proceeds of this investment. <p style="text-align: center;">Church Extension Fund 3773 Geddes Rd Ann Arbor, MI 48105 Tax ID number: 38-1561602</p> <p>Percentage: _____ %</p> <p>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.</p>
Address _____		
City/State/Zip _____		
Phone _____	E-mail _____	
DOB _____	Relationship _____	
Social Security Number / Tax ID number _____ %		

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 _____

PRINT Name of Owner 2 _____ Date _____

X _____
SIGNATURE Name of Owner 1

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: _____