



Church Extension Fund

Pay On Death Beneficiary

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%)

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

X

SIGNATURE Name of Owner 1

PRINT Name of Owner 2

Date

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