

CEF Congregation Investment Application

For our Offering Circular, current interest rates, or if you have any questions about this application, call toll-free at 800-242-3944. Make checks payable to **Church Extension Fund** and mail to the address listed to the right.



Michigan District of the Lutheran Church Missouri-Synod
3773 Geddes Road
Ann Arbor, MI 48105-3098

① Type of Investment

Type of Investment	Opening Deposit
CONGREGATION	
Fixed Rate Certificate (minimum \$500)	\$ _____
<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 5 Years	
Variable Rate Certificate (minimum \$500)	\$ _____
<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 5 Years (minimum \$500 additional deposits)	
Demand Savings (minimum \$500)	\$ _____
<hr/>	
ExtensionPlus Account (minimum \$100)	\$ _____
<input type="checkbox"/> Apply for a VISA® check card (complete section 6) <input type="checkbox"/> Decline check card option at this time	
Fixed Rate Note (minimum \$500)	\$ _____
<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> Other: _____ Term	
Fixed Rate 2 + 2 Note (17-month, minimum \$2,500)	\$ _____
Variable Rate Notes (minimum \$500)	\$ _____
<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 ½ Years <input type="checkbox"/> 5 Years (minimum \$100 additional deposits)	
Dedicated Savings (minimum \$5)	\$ _____

③ Interest Payment

Interest Payment And Electronic Features

- Interest Payment Options**
 Please indicate method of interest payment:
 - Let interest accumulate in this investment account
 - Electronic Payment (complete next section below)
 - Pay by check quarterly
 - Pay by check monthly (\$5,000 minimum balance required for all investments except ExtensionPlus Account)
- Electronic Interest Payments** (not available on Growth Notes)
 I/We authorize CEF to electronically deposit the interest payments from my new account to the checking account described on the attached voided check.
 - Send the interest quarterly
 - Send the interest monthly (\$5,000 minimum balance required for all investments except ExtensionPlus Account)
- Electronic Deposit** (not valid for Fixed Rate Notes, Growth Notes or Step-Up Notes)
 I/We authorize CEF to initiate withdrawals in the amount of \$ _____ from the checking account described on the attached voided check for deposit into my new CEF account.
How Often:
 - 10th day of the month
 - 20th day of the month
 - Last day of the month

② Account Registration

(Please Print)

Name of Congregation (or other eligible entity)

If applicable, specify organization or account

Tax Identification Number

Congregation Address

City, State, ZIP

()
Telephone

()
Fax

E-mail

④ Certification

By signing this application, I/we certify that:

- Under penalties of perjury,
 - The number shown on this form is the correct Taxpayer Identification Number, and
 - The congregation or other eligible entity is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (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.
- The congregation or other eligible entity ratifies each of the applicable account Provision in Section 7.
- If opening an ExtensionPlus Account, the congregation or other eligible entity understands and agrees to the terms and conditions of the Check Writing Terms and Conditions described in Section 5; and if selected, any Electronic Feature in Section 3, or the VISA® Check Card Agreement described in Section 6.

Authorized Signature

Date

Please print name and title

Authorized Signature

Date

Please print name and title

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS APPLICATION OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Note: Due to IRS regulations, the CEF cannot issue your certificate until your Taxpayer Identification Number is provided and the certification to the right is signed. All correspondence, including interest checks and statements, must be sent to congregation address only.

⑤ ExtensionPlus Account Check Writing Terms And Conditions

The signatures appearing in Section 4 - Certification authorizes the redemption of funds through check writing on behalf of the congregation or other eligible entity described in Section 2. The signatory(ies) further authorize such organization to be subject to these Check Writing Terms and Conditions contained herein, the Check Writing Rules accompanying the initial supply of checks, and to charges set forth in CEF's current Offering Circular for each CEF ExtensionPlus Account Certificate. Each signatory guarantees the genuineness of the signature(s). I/We understand that CEF's approval of my ExtensionPlus Account is not an FDIC insured bank deposit account.

By this action, UMB Bank, and its affiliates, (the "Bank") is hereby appointed agent by the person(s) signing Section 4 - Certification for the congregation or the eligible entity described in Section 2 (the "Investor[s]") and, as agent is authorized and directed upon presentment of checks to the Bank to transmit such checks to CEF as requests to redeem amounts invested in the ExtensionPlus Account. Additional amounts added to the ExtensionPlus Account by check may require seven days written notice of an intended redemption and may require that invested funds not be redeemed for up to seven days.

Bank is further authorized to effect redemptions to defray the Bank's charges relating to this checking arrangement. The investor(s) agrees he/she is subject to the rules, regulations and laws governing check collection including the Uniform Commercial Code as enacted in the State of Missouri as amended from time to time; the Bank has the right not to honor checks presented to it, the Bank and CEF have the right to change, modify or terminate the check writing arrangement at any time; the Bank shall be liable only for its own negligence.

⑥ VISA® Check Card Agreement and Application

By submitting this application for a VISA® Check Card (a "Card"), I ("I" or "me" refers to all applicants for a Card, whether one or more) apply to UMB Bank n.a. ("Bank") for a Card as set forth below. I understand that approval of my Card is subject to verification and investigation by Bank. By submitting this request for a Card, I authorize Bank to obtain a credit report in connection with this application and from time to time after I receive a Card to verify that I continue to qualify for the Card. Bank may inquire as to the credit, investments and employment history of each person submitting this application.

If this request is approved by Bank and a Card is issued, I understand that the Card will be sent to me accompanied by an agreement setting forth the terms and conditions governing my Card. I understand and agree that the Card and use of the Card will be governed by the agreement accompanying the Card. I understand that Bank will retain the application whether or not it is approved.

By signing this application for a Card, I certify that the information provided in this application is true and correct.

Upon issuance of a Card, I authorize the transfer agent to order liquidations of assets to be made so that transactions are settled and Bank receives the proceeds of such liquidations. I understand that the Card is made available solely for the purpose of enabling me to access the proceeds of my investment assets and does not involve any extension of credit. This authorization may be terminated by either Bank or me by written notification. I understand that I will be responsible for the amount of any transactions authorized by me that may not have been debited from my investment account as of the date of such termination.

I understand and agree that Bank may provide information about my Card and the use of my Card to the company shown on this application, the applicable fund or other service providers in order to process Card transactions or otherwise provide Card services.

Check Writing Authorization and Check Card Options:

Check Writing Signature Authorization

(See Check Writing Terms and Conditions, Section 5)

- Either individual is authorized to sign Redemption Checks.
- Both individuals are required to sign Redemption Checks. (If this option is selected, a VISA® Check Card cannot be issued.)

VISA® Check Card

(See VISA® Check Card Agreement, Section 6)

As an ExtensionPlus holder, your congregation is eligible to apply for a VISA® Check Card for its account. You may also decline this opportunity. Cards will be issued in the name of the congregation and the authorized user (separate card for each user).

VISA® will issue one or two cards per congregational ExtensionPlus account; each card will have the same number and Personal Identification Number.

Application for VISA® Check Card:

Authorized User #1: *(Print)* _____

Signature: _____

Social Security #: _____

Mother's Maiden Name: _____

Authorized User #2: *(Print)* _____

Signature: _____

Social Security #: _____

Mother's Maiden Name: _____

⑦ Account Provisions

By signing this application, I affirm that I/we are authorized to act on behalf of the congregation or other eligible entity described in Section 2; and that this organization:

- Received a current Offering Circular of the Church Extension Fund of the Michigan District of the Lutheran Church-Missouri Synod.
- Prior to receipt of the Offering Circular, was a member of or participant in The Lutheran Church-Missouri Synod or any District or other program, activity or organization which constitutes a part of the Synod or any of its Districts.
- Understands that the Electronic Feature(s) selected in Section 3 will remain in effect until revoked in writing and authorizes CEF to initiate any correcting debit or credit that may be necessary. It further understands that the amount of interest deposited into its checking account may vary due to a change in the interest rate, account balance, or number of days in the payment period.

Additional ExtensionPlus Account Provisions:

- If either authorized signature is designated in Section 4 to sign Redemption Checks, hereby authorizes CEF to accept any order of redemption signed by either authorized signature on behalf of the congregation or other eligible entity described in Section 2.
- If it selected the VISA® Check Card feature in Section 1, (i) hereby certify that the information provided in Section 6 is correct, and (ii) hereby authorize CEF to accept any such order of redemption signed by either authorized signature on behalf of the congregation or other eligible entity described in Section 2.