

Pay On Death Beneficiary Designation

Information

Completion of the form on the reverse side allows the owner(s) of a Note issued by the Church Extension Fund of the Michigan District of the Lutheran Church–Missouri Synod to name one or more beneficiaries (including individuals, congregations, ministries or any other charities) to whom the Note will be transferred at the death of the owner(s). The following information is offered to assist you in making a beneficiary designation for your Note.

- ◆ If only one beneficiary is named, the named beneficiary will be entitled to the Note on the death of the owner (or on the death of the last owner to die if the Note is jointly owned).
- ◆ If more than one beneficiary is named, the beneficiaries will, at the death of the owner(s), be entitled to that percentage of the Note designated by the owner(s).
- ◆ If a named beneficiary dies before the owner(s), the surviving beneficiaries will, at the death of the owner(s), be entitled to the deceased beneficiary's share of the Note in the proportion that the surviving beneficiaries' designated shares bear to each other.
- ◆ If all of the named beneficiaries die before the owner(s), then at the death of the owner(s), the Note will be transferred to the last surviving owner's estate.

Instructions

1. Individuals who hold Notes in their own names, as distinct from owning such in a Trust, may name one or more beneficiaries to receive the proceeds of the Note upon their death. This is unnecessary if the Note is held in the name of your Trust, as the Trust itself governs ownership upon death.
2. In order to make the designation, all owners of the Note must sign this form. If the spouse of any owner is not also an owner of the Note, that spouse must complete the Spousal Consent.
3. This beneficiary form will not be effective until it is properly completed and signed by all owners.
4. If you wish to name more than four beneficiaries, call the Church Extension office for assistance.
5. Beneficiaries may be changed or revoked in writing by the owner(s) at any time.
6. Naming beneficiaries does not affect the owner's right to interest payments or to redeem the Note at maturity.

For additional assistance, call the Church Extension office toll-free: **800-242-3944**

3773 Geddes Road
Ann Arbor, Michigan 48105-3098

Pay On Death Beneficiary Designation

- ◆ This Form is **OPTIONAL**, and need not be completed unless you desire that the proceeds of this Note be paid to others upon the death of the owner(s) of the Note.
- ◆ This “payable on death” feature is available only for individual and joint accounts: **NOT** for custodial accounts, trusts or corporations.
- ◆ If you are naming a beneficiary for an existing certificate, you must return the original certificate. Beneficiaries may be added only on Notes issued (or re-issued) after May 1, 1996.
- ◆ **Please review the instructions and information printed on the reverse side of this beneficiary form before proceeding.**

List the person(s) or organization(s) (such as the ministry of the 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 last surviving owner). If you name an LCMS-related ministry, simply provide the name, city, state and percentage amount.

◆ TOTAL PERCENTAGE MUST EQUAL 100% ◆

Name: _____ Address: _____ _____ Telephone: _____ Date of Birth: _____ Relationship: _____ Social Security# _____ Percentage: _____%	Name: _____ Address: _____ _____ Telephone: _____ Date of Birth: _____ Relationship: _____ Social Security# _____ Percentage: _____%
Name: _____ Address: _____ _____ Telephone: _____ Date of Birth: _____ Relationship: _____ Social Security# _____ Percentage: _____%	Name: _____ Address: _____ _____ Telephone: _____ Date of Birth: _____ Relationship: _____ Social Security# _____ 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 on the reverse side of this form 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 of the terms stated on the reverse side of this form. 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

PRINT Name of Owner 2

X _____
SIGNATURE of Owner 1

X _____
SIGNATURE 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 the Church Extension Fund for any payment to my spouse’s named beneficiary(ies).

X _____
SIGNATURE of Account Owner’s Spouse

Spouse of: _____

_____ Date