

[Applications for Individual Retirement Account investments require additional forms. Please call 800-242-3944 for information]

1 Account Ownership

(Choose A, B, or C)

A. Sole or Joint One or more owners with full rights of survivorship and not tenants in common; option to list beneficiaries on attached "Pay On Death" form on page A-4

1. _____
First Initial Last

Social Security Number Date of Birth

2. _____
First Initial Last

Social Security Number Date of Birth

3. _____
First Initial Last

Social Security Number Date of Birth

B. Trust Please complete the "Certificate of Existence of Trust and Authority to Act" (Page A-5)

Name of Trust

Social Security Number /TIN

C. Gift to Minor Michigan Uniform Gifts to Minors Act

Minor: First Initial Last

Minor: Social Security Number* Minor: Date of Birth

Custodian: First Initial Last

Custodian: Social Security Number Custodian: Date of Birth

*It is required by the IRS to report interest earnings under the Social Security Number of the minor

2 Type Of Transaction

(Select only ONE)

- New Investment \$ _____
- Name Change: Return original Note and complete "Account Ownership" section
- Exchange: Return original Note and
 - Reinvest ENTIRE proceeds as indicated in "Type of Investment" section
 - Reinvest only \$ _____, as indicated in the "Type of Investment" section and mail check for the difference.

3 Type Of Investment

(Select only ONE)

- Fixed Rate Note _____
(term in months, 3-60)
- Variable Rate Note: (in years)
____ 1-yr ____ 2 1/2-yr ____ 5-yr
- Fixed Rate 2 + 2 Note
(17-month term)
- Dedicated Savings
- Step-Up Rate Note
- ExtensionPlus
 - I/We apply for a VISA® Check Card in addition to receiving checks (Complete the optional Extension-Plus section on page A-2)
- Growth Note _____
(term in years, 6-20)

4 Interest Payment Options

(Select only ONE)

- Accumulate in the account
- Pay by check quarterly or Pay by check monthly
- Electronically transfer: I/We authorize CEF to electronically deposit the interest payments from my new investment to the bank account described on the attached voided check.
 - Send electronically monthly or Send electronically quarterly

5 Investor Information

- I'm a present investor or I'm a NEW investor
- I heard about Church Extension through: CEF Congregation Representative
- a Friend a CEF Brochure/Ad the CEF Website

6 Address & Signatures

Agreement and Social Security Number/TIN Certification ("I" refers to all applicants, whether one or more) By signing below, I hereby apply to open the type of account shown above, and certify that [1] all information provided is true and correct; [2] I have read and affirm each of the applicable Account Provisions in section 7; [3] If opening an ExtensionPlus Account, I understand and agree to the terms, conditions, and agreements found in Checkwriting Terms and Conditions section 8, and if selected, the VISA® Check Card Agreement in section 9 for any electronic feature. Further, under penalties of perjury, I certify that the Social Security or Tax ID number shown for me on this application is correct; and I am a U.S. person (including a U.S. resident alien); and I am not subject to backup withholding because [a] I am 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 draw an "X" through the preceding 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.

Street

City State Zip Code

X

SIGNATURE of Account Owner or Trustee

X

SIGNATURE of Joint Owner or Trustee

Date: ____ / ____ / ____

I am a legal resident of the state of _____

Home (____) _____ Work (____) _____

My E-mail Address: _____

My Congregation Name/City: _____

Note: Due to IRS regulations we cannot issue your certificate until your Taxpayer Identification 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.

EXTENSION PLUS: If this is a joint account, ALL persons named in Box 1 above MUST sign this application.

7 Account Provisions

By signing this application, I affirm that:

- I am of legal age and have 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, I was a member of, contributor to 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 or I was an ancestor, descendant or successor in interest to such person.
- 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 from my account that is deposited into my 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:

- In authorizing either owner to sign Redemption Checks, I hereby authorize CEF to accept any order of redemption from any ExtensionPlus owner.
- If I selected the VISA® Check Card feature, (i) I hereby certify that the information provided below is correct, and (ii) I hereby authorize CEF to accept any such order of redemption from any ExtensionPlus Account owner.



8 ExtensionPlus Checkwriting Terms & Conditions

Each person signing in Section 6 above (an "Applicant") certifies that his or her signature thereon represents such Applicant's legal signature. Each Applicant guarantees the genuineness of any other Applicant's signature appearing in Section 6. The Church Extension Fund ("CEF"), from which Applicant's checks are to be paid, and UMB Bank, n.a. or its bank affiliates (collectively, the "Bank") and any of their successors are authorized to recognize such signature in the payment of checks, drafts and other instruments ("Checks") against Applicant's investment account ("Account"), **any (I) of the signatures in Section 6 above, standing alone, being sufficient.**

Each Applicant agrees to be bound by the Terms and Conditions for Checkwriting (the "Terms"), which may be forwarded to Applicant by Bank from time to time. The Terms may be amended by the Bank, and shall be binding on Applicant and the Account when an Applicant receives notice of any such changes. Each Applicant hereby appoints the Bank as Applicant's agent for purposes of this Checkwriting Account Agreement. The Bank is authorized, upon the presentment of Checks or other electronic debits drawn on the Account (collectively, "Debits"), to transmit such Debits to CEF or its Transfer Agent (as appropriate) as redemption requests to the Account in an amount sufficient to pay such Debits, and to effect their payment. Applicant agrees that Bank may honor electronic payments to or from the Account as authorized by Applicant, when such payments are processed in accordance with law and the applicable payment system rules. Applicant agrees that the Account is subject to the applicable terms and restrictions, including charges for checkwriting and payment processing services, as set forth in the current Offering Circular or in a separate fee schedule.

Applicant agrees that payments made from the Account under this Checkwriting Account Agreement are governed by the laws, including the Uniform Commercial Code, as enacted in the State of Missouri, as amended from time to time. Applicant consents to the jurisdiction of the state or federal courts in Missouri over any dispute or claim arising out of the provision of checkwriting or other payment services under this Agreement. Applicant agrees to examine the statement for the Account promptly. **Applicant agrees to report any claim that a Check or other payment made from the Account was forged, altered, or otherwise not authorized within thirty (30) days of receipt of the statement by any account holder. Failure to notify CEF or the Bank within that time will preclude any claim against CEF and the Bank by reason of any unauthorized or missing signature, alteration, or error of any kind.** In the event CEF or the Bank is deemed liable for any unauthorized payment or any failure to honor a stop payment order that has been properly given, such liability shall not exceed the face amount of the Check or other payment improperly made.

9 VISA® Check Card Agreement & Application

Each person signing this application (an "Applicant") for a VISA® Check Card (a "Card") applies to UMB Bank n.a. (the "Bank") for a Card as set forth below. Each Applicant understands that the application for a Card is subject to approval by Bank. By submitting this request for a Card, each Applicant authorizes Bank to obtain a credit report on Applicant in connection with this application and from time to time after Applicant receives a Card to verify that Applicant continues to qualify for the Card. Bank may inquire as to the credit, investments and employment history of each Applicant. If this request is approved by Bank and a Card is issued, each Applicant understands that the Card(s) will be mailed to Applicant accompanied by an agreement (the "Cardholder Agreement") setting forth the terms and conditions governing the Card. Applicant understands and agrees that the Card and use of the Card will be governed by the Cardholder Agreement, as amended by the Bank from time to time. Each time an Applicant uses a Card, Applicant authorizes liquidation of assets in the related investment account, so that transactions are settled and Bank receives the proceeds of such liquidations. Applicant understands that the Card is made available solely for the purpose of enabling Applicant to access the proceeds of the related investment assets, and does not involve any extension of credit. This authorization may be terminated by either Bank or by an Applicant by written notification. Applicant understands that Applicant will be responsible for the amount of any transactions authorized by an Applicant, whether or not the transactions have been debited from the related investment account as of the date of such termination.

Applicant understands and agrees that Bank may provide information about the Card and Applicant's use of Card to the company shown on this application, Church Extension Fund, or other service providers, in order to process Card transactions or otherwise provide Card services.

OPTIONAL – Application for VISA® Check Card: (please print)

Primary Owner: _____
Mother's Maiden Name: _____
Employer: _____
Length of Employment: _____
Employer's Address: _____

Joint Owner: _____
Mother's Maiden Name: _____
Employer: _____
Length of Employment: _____
Employer's Address: _____

Make checks payable to:

Church Extension Fund
3773 Geddes Road, Ann Arbor, MI 48105-3098

For more information, call 800-242-3944

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 _____ Date _____

PRINT Name of Owner 2 _____ Date _____

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 _____ Spouse of: _____
SIGNATURE of Account Owner’s Spouse Date

[This Form to be completed ONLY if Investments are to be registered in the name of a Trust]

CERTIFICATE OF EXISTENCE OF TRUST AND AUTHORITY TO ACT

Name of Trust: _____

Social Security Number/TIN (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-

Trustee(s) must act jointly.

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 attorney 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.
- The Trustee(s) has (have) entered into an agency agreement with the following entity, which is authorized to act for the Trustee(s) with respect to all investments established for the trust.

(If none, please indicate): _____

X

SIGNATURE of Trustee

Social Security Number

X

SIGNATURE of Trustee

Social Security Number

DATE of SIGNATURE: _____

Do you have Successor Trustees?

Name(s) of Successor Trustee(s)

Successor Trustee(s) may act separately.

-OR-

Successor Trustee(s) must act jointly.

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