



Lutheran Church Extension Fund

Investment Application For LCMS Organizations

Lutheran Church Extension Fund

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www.lcef.org

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STEP 1: Officer Authorization

To be completed by an authorized *elected* officer of the organization.

I, _____ of
Organization Officer Name Organization Officer Title
_____ hereby certify that
Organization Name, City and State

- A. The organization identified above is duly organized and existing under the laws of the state of its domicile and that as such has authorized me to make this certification on its behalf.
- B. Each of the applicants listed in STEP 4—*Authorized Signers* has been duly authorized and empowered to act on behalf of the organization by having investment, redemption, check writing privileges, a VISA® Check Card and *MyAccount* access. I understand I will not be considered a signer on the investment unless I include my name and other information in STEP 4.

Multiple-Signer Limitations:

Authorized signers will be granted inquiry-only access on *MyAccount*. Additionally, the VISA® Check Card option is not available.

Please check one box:

If unmarked, it will be assumed that only one individual signature is required.

- ☐ **One person's signature is required as authorization in check writing and/or other transactions.**
- ☐ **Any two person's signatures are required as authorization in check writing and/or other transactions.**

IMPORTANT INFORMATION—please read.

In reference to StewardAccounts, if the organization requests that an investment requires two signatures or other special signing provisions, I acknowledge that such a provision is solely for my organization's internal control purposes. The acceptance of an authorized document containing such a requirement does not bind LCEF to such a requirement unless a law or court order of which LCEF has knowledge requires otherwise. I agree that LCEF is not liable for paying an item that is lacking the stated number of signatures, if the item bears one authorized signature.

- C. I understand that my organization must complete a new *Investment Signature Authorization Form* containing all authorized and empowered personnel in the event that: (i) any of the persons listed in STEP 4—*Authorized Signers* are no longer authorized by the organization to act on its behalf or (ii) any new person is to be duly authorized and empowered by the organization.

X _____ Date: _____
Officer Signature

STEP 2: Select Type of Investment

Initial Investment

Demand Certificate (Minimum \$100).....	\$	_____
StewardAccount® (Minimum \$100).....	\$	_____
Cemetery Perpetual Care StewardAccount® (Minimum \$1,000).....	\$	_____
Term Note, Floating Rate (Minimum \$100; additional investments accepted—minimum \$25)		
<input type="checkbox"/> 30 months	\$	_____
<input type="checkbox"/> 60 months	\$	_____
Term Note, Fixed Rate (Minimum \$500)		
<input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 18 months		
<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years		
<input type="checkbox"/> 5 years _____ years (enter number of years: 6 years to 20 years)	\$	_____
Congregation Endowment (Minimum \$1,000) <input type="checkbox"/> 5-Year Fixed <input type="checkbox"/> 60-Month Floating	\$	_____

FOR LCEF USE ONLY:

425

ACCT # _____

Proc _____ Dt _____ Ver _____ Dt _____

STEP 3: Investment Registration

☐ **If you are tax-exempt, check here.**

Please print.

Name of Organization: _____ Employer Identification Number: _____

If applicable, specify subtitle: _____  E-mail Address: _____

 Street Address of Organization: _____

City, State, ZIP: _____

☒ Mailing Address for Organization: _____

City, State, ZIP: _____

 Telephone: _____  Fax: _____

STEP 4: Authorized Signers

"I" refers to all applicants, whether one or more.

- Check Card: Only available on StewardAccounts. Not available on multiple-signer restricted StewardAccounts.
- MyAccount Access: Multiple-signer restricted accounts will be limited to inquiry-only access.

By signing this application, I agree to the certification statements listed in STEP 6—*Investment Certification*.

Name (please print) _____ Title _____

Street Address _____

City, State, ZIP _____ E-mail Address _____

Social Security Number _____ Date of Birth _____ Mother's Maiden Name _____

Home Phone Number _____ Work Phone Number _____

Signature X _____

☐ Issue a Check Card ☐ MyAccount access.

Name (please print) _____ Title _____

Street Address _____

City, State, ZIP _____ E-mail Address _____

Social Security Number _____ Date of Birth _____ Mother's Maiden Name _____

Home Phone Number _____ Work Phone Number _____

Signature X _____

☐ Issue a Check Card ☐ MyAccount access.

Name (please print) _____ Title _____

Street Address _____

City, State, ZIP _____ E-mail Address _____

Social Security Number _____ Date of Birth _____ Mother's Maiden Name _____

Home Phone Number _____ Work Phone Number _____

Signature X _____

☐ Issue a Check Card ☐ MyAccount access.

Name (please print) _____ Title _____

Street Address _____

City, State, ZIP _____ E-mail Address _____

Social Security Number _____ Date of Birth _____ Mother's Maiden Name _____

Home Phone Number _____ Work Phone Number _____

Signature X _____

☐ Issue a Check Card ☐ MyAccount access.

STEP 5: Interest Payment and Electronic Investment

STAPLE VOID CHECK HERE.

☐ Interest Payment Options

Please check one method of interest payment:

- ☐ Let interest accumulate in this investment.
- ☐ Transfer interest to our existing LCEF investment or StewardAccount # _____.
- ☐ Transfer interest to our external financial institution as described below (**void check required**).

Financial Institution: _____

Account Number: _____

- ☐ Send the interest monthly.
- ☐ Send the interest quarterly (*not available on StewardAccounts*).

☐ Electronic Investment

(Fixed-rate term notes do not accept deposits.)

The organization authorizes LCEF to initiate withdrawals in the amount of \$ _____ from the checking account described below for credit to our new LCEF investment (**void check required**).

Monthly frequency: ☐ 1st & 15th ☐ 15th & last day of month ☐ Once a month (*indicate date*): _____

Financial Institution: _____

Account Number: _____

STEP 6: Investment Certification

"I" refers to all applicants, whether one or more.

By signing this application in STEP 4, I affirm that:

General Provisions

- I am an authorized signer for the organization specified in STEP 3, and I have received a current Offering Circular of The Lutheran Church Extension Fund—Missouri Synod.
- Prior to the receipt of the Offering Circular, the above-referenced organization was affiliated with The Lutheran Church—Missouri Synod or any district or other program, activity, or organization that constitutes a part of the Synod or any of its districts, or an organization whose purposes include serving members of the Lutheran faith or to carry out the purposes of The Lutheran Church—Missouri Synod. (**For Pennsylvania organizations only:** By signing this application, I acknowledge that I was advised of the right of redemption described in the Offering Circular.)
- All information provided on this application is true and correct.
- I authorize LCEF to initiate any correcting debit or credit that may be necessary.
- I understand that LCEF reserves the right to assess maintenance fees.

StewardAccount Provisions

- If opening a StewardAccount, the congregation or other eligible entity understands and agrees to the terms and conditions of the Checkwriting Agreement, and if selected, the VISA Check Card Agreement, both of which are described in the Offering Circular.
- I hereby authorize LCEF to accept any redemption check order signed by any single authorized signer.

VISA Check Card Provisions

- If I selected a VISA Check Card on this application, I hereby certify the information provided by me is correct, and I hereby authorize LCEF to accept such order of redemption.

Interest Payment/Electronic Investment Provisions

- The Interest Payment and Electronic Investment options selected on this application will remain in effect until revoked in writing. I understand that the amount of interest earned on my organization's investment may vary due to a change in the interest rates, investment balance, or number of days in the payment period. I acknowledge that the origination of automated clearinghouse (ACH) transactions to my organization's investment must comply with the provisions of U.S. law.

MyAccount Provisions

- I authorize LCEF to accept all transaction requests initiated on the organization's behalf through the MyAccount service.
- I understand that our organization must notify LCEF immediately if any of the applicants are no longer authorized by the organization to act on its behalf.
- If I selected the MyAccount option on this application, I have thoroughly read, understand, and agree to the MyAccount Terms and Conditions, which can be found on the LCEF Web site, www.lcef.org.

■ Under penalties of perjury,

1. The Employer Identification Number in STEP 3 and the Social Security numbers of all individuals provided in STEP 4 are correct.
2. The congregation or other eligible entity is not subject to backup withholding because (a) it is exempt from backup withholding, (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 (please draw an "X" through this paragraph if this organization is subject to backup withholding), or (c) it has been notified by the IRS that it is no longer subject to backup withholding.
3. The organization is a U.S. entity.

Note: Due to Internal Revenue Service regulations, LCEF cannot record your investment until your Employer Identification Number is provided and the above certification signed. The IRS does not require your consent to any provisions of this application other than the certifications required to avoid backup withholding.

**For our Offering Circular, current interest rates, or if you have any questions,
call LCEF at 1-800-843-5233 or visit us at www.lcef.org**



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