



Instructions for the *Investment Signature Authorization Form*

- This form is not an application for a new investment. This form may be used in conjunction with a new investment application when there are more than four authorized signers or to change authorized signers on an existing investment. To request an application, please call LCEF at the telephone number provided.
- Part I of this form **must be completed by an authorized elected officer** of the organization.
- **The signers listed in Part II of this form replace all existing investment signers.** Any VISA® Check Card on a StewardAccount® issued to a removed or replaced signer must be returned to LCEF along with this form or destroyed.
- LCEF is committed to your privacy and will not share any personal information without your permission, other than with third-party service providers as necessary to service this investment or as otherwise required by law.
- Please keep a copy of this form for your records.

Part I, Officer Authorization:

Include the investment numbers for any identically titled investments for which the signers in Part II are authorized to transact. For new investments, please leave the investment number space blank. Print your name, your title, and the organization name, city, and state in the appropriate spaces at the top of the form. Sign and date each form submitted. You will not be considered a signer on the investment unless your name and other information appears in Part II of this form.

Part I, Section C:

Check the appropriate box for multiple signers required, if applicable. If neither box is marked, it will be assumed that only one signature is required for redemptions and transactions.

Please Note: On the StewardAccount, VISA® Check Cards are not available on multiple-signer investments.

Part II:

For each authorized signer on the investment, the following information must be provided:

- Print the full name, title, address, phone numbers, Social Security Number, date of birth, and for security reasons, the mother's maiden name.
- The signer should sign with the signature he/she will use on redemption authorizations and/or checks, if a StewardAccount.
- Check the box if a new VISA Check Card should be issued (StewardAccounts only).
- Check the box if currently a signer on the investment(s).

If there are more than four signers on the investment(s), complete an additional form marking each form with the correct page numbers at the top of the form (*example: Page 1 of 2*).

***For questions or further assistance with this form, please contact an
Information Representative toll-free at 1-800-843-5233.***

Mail or fax the completed *Investment Signature Authorization Form* to:

Lutheran Church Extension Fund

PO Box 229009
St. Louis, MO 63122-9009
Fax: 314-996-1131

LCEF is a nonprofit religious organization; therefore, LCEF investments are not SIPC- or FDIC-insured bank deposit accounts. This is not an offer to sell investments or a solicitation to buy. The offer is made only in states where authorized and solely by LCEF's Offering Circular.



Investment Signature Authorization Form

Investment Numbers _____

PART I

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 such organization has authorized me to make this certification on its behalf.
- B. If our organization has or is opening a StewardAccount, each of the persons listed below has:
 - i) read thoroughly, understands, and agrees to the terms of the StewardAccount application, particularly the *Check Writing Terms and Conditions* section and the VISA® *Check Card Agreement* section.
 - ii) been duly authorized and empowered by the organization to act on its behalf by having check writing privileges and an optional VISA Check Card in the name of the organization.
 - iii) agreed that any information given on this form is subject to verification and has authorized UMB Bank to obtain a credit report in his/her name.
- C. Each of the persons listed below has been duly authorized and empowered by the organization to act on its behalf by having one individual person's signature as authorization in check writing and/or other transactions or any two person's signatures as authorization in check writing and/or other transactions. (CHECK ONE BOX: If unmarked, it will be assumed that only one individual signature is required.) In reference to StewardAccounts, if my 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.
- D. 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 below 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

Officer Signature

Date

Authorized Signers The signers listed in Part II of this form replace all existing investment signers.

PART II

By signing this Authorization Form, I certify that:

- A. The Social Security Number shown on this form is correct.
- B. I am either exempt from withholding or otherwise not subject to backup withholding. The IRS has not notified me that part of my dividend and interest is to be withheld as a result of my failure to report all dividend and interest income. (Please draw an "X" through this paragraph if you ARE subject to backup withholding.)
- C. I am a U.S. person (including a U.S. resident alien).

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

Name (please print) Title

Street Address

City, State, ZIP

Issue a Check Card (StewardAccounts only) Already signer and/or cardholder

X

Signature

Social Security Number Mother's Maiden Name

Home Phone Number Work Phone Number

Date of Birth

Name (please print) Title

Street Address

City, State, ZIP

Issue a Check Card (StewardAccounts only) Already signer and/or cardholder

X

Signature

Social Security Number Mother's Maiden Name

Home Phone Number Work Phone Number

Date of Birth

Name (please print) Title

Street Address

City, State, ZIP

Issue a Check Card (StewardAccounts only) Already signer and/or cardholder

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Signature

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Signature

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