

change the delivery address by contacting LCEF.

425

This limited-time offer is available for Lutheran Church–Missouri Synod:

## **⊘** INDIVIDUALS **⊘** CONGREGATIONS **⊗** ORGANIZATIONS

Name		Social Security Number	Date of Bir
Street, City, State, ZIP			
Telephone: Home Number	Cell/Work Number	* Email	
Name		Social Security Number	Date of Bir
Street, City, State, Zip			
Telephone: Home Number B. Trust/Estate (Trusts must send Name of Trust/Estate	Cell/Work Number LCEF Trust Certification form, available at <b>lcef.org</b>	* Email or by calling LCEF at 800-843-52 Social Security/TIN	233).
<b>B. Trust/Estate</b> (Trusts must send Name of Trust/Estate		or by calling LCEF at 800-843-52	233).
<b>B. Trust/Estate</b> (Trusts must send Name of Trust/Estate Street, City, State, Zip	LCEF Trust Certification form, available at <b>lcef.org</b>	or by calling LCEF at 800-843-52 Social Security/TIN	233).
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<b>B. Trust/Estate</b> (Trusts must send Name of Trust/Estate Street, City, State, Zip	LCEF Trust Certification form, available at <b>lcef.org</b> Cell/Work Number	or by calling LCEF at 800-843-52 Social Security/TIN	233).

STEP 3: Signature	(Must be signed by all ow	vners).	
By signing this application	on, I/we agree to the cer	rtification statem	nents listed in STEP 6–Investment Certification. Mother's Maiden Name
Signature of Primary Owne	er, Executor or Trustee	Date	
			Mother's Maiden Name
Signature of Joint Owner, I	Executor or Trustee	Date	
*Electronic Delivery Ag	reement for LCEF's Offer	ring Circular–(Pl	ease check the box.)
In lieu of receiving	a mailed copy of the Off	ering Circular, I r	equest LCEF to send to my household, via email, notification that the
Offering Circular and Ar	nnual Report are availabl	le for review on	LCEF's website. I understand I may revoke this request at any time or

STEP 4	• Mem	ber Cor	noreoz	ation
	· WICHI		igi Cgc	

Your Member Congregation

City

State

STEP 5: Interest Payment Options			
Interest Payment Options			
Please check one method of interest po	yment:		
Let interest accumulate in this inve	stment.		
Transfer interest to my existing LC	F investment or Stewa	ardAccount #	
Transfer interest to my/our externa	I financial institution.		
Routing number	A	ccount number _	 
Send the interest monthly	Send the interest quar	rterly	

## **STEP 6:** Investment Certification *"I" and "my" refers to all applicants, whether one or more.*

- I am of legal age and have received a current Offering Circular of the Lutheran Church Extension Fund—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 that constitutes a part of the Synod or any of its districts, or I was an ancestor, descendant, or successor in interest to such person. Unless otherwise prohibited by a state, by signing this application, I consent and "opt-in" to automatic renewals of my investments as more particularly described in the Maturities section of the Offering Circular. For Pennsylvania residents only: By signing this application, I agree that I was advised of the right of withdrawal described in the Offering Circular.
- All information provided is true and correct.
- I authorize LCEF to initiate any correcting debit or credit that may be necessary.
- I acknowledge and agree to the Fee Schedule available at Icef.org/resources.

## Under penalties of perjury, I certify:

1. The Social Security or Tax ID Number shown on this application is correct.

2. 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.

3. I am a U.S. person (including a U.S. resident alien).

Note: Due to Internal Revenue Service regulations, LCEF cannot record your investment until your Taxpayer 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.



PO Box 229009 St. Louis, MO 63122-9009 | 800-843-5233 | fax: 314-996-1131 | lcef.org