



Lutheran Church Extension Fund

> where investments build ministry

Trust Certification

This Trust Certification is given to the Lutheran Church Extension Fund (LCEF) with respect to all investments (other than for IRAs and HSAs) established for the following trust:

Name of Trust: _____ **Date of Trust (MM/DD/YYYY):** _____

Trust is: _____ **Revocable**

Name of Grantor _____ SSN _____

Name of Grantor _____ SSN _____

(Interest is reported to the Internal Revenue Service using the name and Social Security Number of the above-named Grantor.)

_____ **Irrevocable** Tax Identification Number: _____

If there is more than one Trustee, the Trustees (must check one):

_____ **May act separately.**

_____ **Must act jointly.**

The undersigned Trustee(s) and, if the trust is revocable, the above-referenced Grantor(s), hereby certify(ies) to LCEF 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 LCEF concerning the trust.
- Any and all transactions effected and instructions given will be in full compliance with the trust.
- LCEF will be informed in writing of any changes in the composition of the Trustees, or any other event which could alter the certifications above.
- LCEF 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.
- LCEF is indemnified from all costs (including reasonable attorney fees) incurred as a result of reliance by LCEF on this certification or any instructions from the Trustee(s) or any Successor Trustee.
- LCEF has not been provided with a copy of the trust instrument, and further, the Trustee(s) agree(s) that LCEF 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): _____

Under penalties of perjury, I certify:

1. The Social Security or Tax Identification Number shown 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 and initial 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. The IRS does not require your consent to any provisions of this application other than the certifications required to avoid backup withholding.

Current Trustee(s)

Name: (print) _____

SSN: _____

Mother's Maiden Name: (print) _____

Date of Birth: (MM/DD/YYYY) _____

Address: _____

Address: _____

Signature: _____

Name: (print) _____

SSN: _____

Mother's Maiden Name: (print) _____

Date of Birth: (MM/DD/YYYY) _____

Address: _____

Address: _____

Signature: _____

Name: (print) _____

SSN: _____

Mother's Maiden Name: (print) _____

Date of Birth: (MM/DD/YYYY) _____

Address: _____

Address: _____

Signature: _____

Name: (print) _____

SSN: _____

Mother's Maiden Name: (print) _____

Date of Birth: (MM/DD/YYYY) _____

Address: _____

Address: _____

Signature: _____

Grantor's Signature: _____

Grantor's Signature: _____

Note: Successor trustee information to be completed on back of form.

Successor Trustee(s)

Name: *(print)* _____

SSN: _____

Mother's Maiden Name: *(print)* _____

Date of Birth *(MM/DD/YYYY)* _____

Address: _____

Address: _____

Name: *(print)* _____

SSN: _____

Mother's Maiden Name: *(print)* _____

Date of Birth *(MM/DD/YYYY)* _____

Address: _____

Address: _____

Name: *(print)* _____

SSN: _____

Mother's Maiden Name: *(print)* _____

Date of Birth *(MM/DD/YYYY)* _____

Address: _____

Address: _____

Name: *(print)* _____

SSN: _____

Mother's Maiden Name: *(print)* _____

Date of Birth *(MM/DD/YYYY)* _____

Address: _____

Address: _____



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