



STEP 1: Officer Authorization

To be completed by two authorized elected officers of the organization (the "Organization") named in STEP 3.

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

- A. The Organization 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 signers listed in STEP 4-Authorized Signers has been duly authorized and empowered to act on behalf of the Organization by having investment and redemption privileges, including check writing and an optional Visa® Debit Card for StewardAccount® products.

Signature Authorization

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

___ Any one of the signatures in STEP 4 is required as authorization in all transactions.

___ Any two of the signatures in STEP 4 are required as authorization in all transactions.

Visa Debit® Card

Debit Cards are available on StewardAccount products which require only one signature on transactions. Check the Issue a Debit Card option in STEP 4 and a card will be issued in the name of the Organization for the authorized signer (separate card for each signer)

MyAccount

- Authorized signers who are not currently MyAccount users must complete STEP 7 to request online access to the Organization's investment and loan accounts.
Authorized signers will have the ability to see investment and loan balances, make transactions (if applicable) and view history and e-statements.
MyAccount access to investments that require two signatures will be limited to inquiry only.

IMPORTANT INFORMATION—Please read: In reference to StewardAccount products, if the Organization requires two signatures or other special signing provisions, I agree that such a provision is solely for the Organization's internal control purposes. The Organization agrees that LCEF is not liable for paying an item that is lacking the required number of signatures.

C. I understand that the 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

X _____ Date
Officer Signature

STEP 2: Select Type of Investment

Gold Tier StewardAccount® (Minimum \$50,000)..... \$ _____

FOR LCEF USE ONLY:

425

ACCT # _____
Proc _____ Dt _____ Ver _____ Ver _____

STEP 3: Investment Registration

If you are tax-exempt, check here.

(Please print)

Name of Organization: _____ Employer Identification Number: _____

If applicable, specify title: _____ Email address: _____

Street Address of Organization: _____

City, State, ZIP: _____

Mailing Address for Organization: _____

City, State, ZIP: _____

Telephone: _____ Fax: _____

STEP 4: Investment Registration

"1" refers to all signers, whether one or more.

Debit cards are available only on StewardAccount products and with no multiple-signer restrictions.

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 _____

Social Security Number _____ Date of Birth _____ Email _____

Home Phone _____ Work Phone _____ Mother's Maiden Name _____

 Signature X _____

_____ Issue a debit card _____ Add to MyAccount (current users only)
_____ New MyAccount user (complete STEP 7)


Name (please print) _____ Title _____

Street Address _____

City, State, ZIP _____

Social Security Number _____ Date of Birth _____ Email _____

Home Phone _____ Work Phone _____ Mother's Maiden Name _____

 Signature X _____

_____ Issue a debit card _____ Add to MyAccount (current users only)
_____ New MyAccount user (complete STEP 7)

Name (please print) _____ Title _____

Street Address _____

City, State, ZIP _____

Social Security Number _____ Date of Birth _____ Email _____

Home Phone _____ Work Phone _____ Mother's Maiden Name _____

 Signature X _____

_____ Issue a debit card _____ Add to MyAccount (current users only)
_____ New MyAccount user (complete STEP 7)

Name (please print) _____ Title _____

Street Address _____

City, State, ZIP _____

Social Security Number _____ Date of Birth _____ Email _____

Home Phone _____ Work Phone _____ Mother's Maiden Name _____

 Signature X _____

_____ Issue a debit card _____ Add to MyAccount (current users only)
_____ New MyAccount user (complete STEP 7)

STEP 5: Interest Payment and Electronic Investment

ATTACH VOID CHECK HERE

Interest Payment Options

Please check one method of interest payment:

Let interest accumulate in this investment

Transfer interest monthly to my existing LCEF investment or StewardAccount # _____

Transfer interest monthly to my external financial institution as described below **(void check required)**

Electronic Investment

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

Monthly frequency: 1st & 15th Once a month (indicate date): _____

STEP 6: Investment Certification “I” and “my” refers to all applicants, whether one or more.

By signing this application in STEP 4, I certify 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.
- At the time of the receipt of the Offering Circular, the 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. **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 organizations only: By signing this application, I acknowledge that I was advised of the right of withdrawal described in the Offering Circular.**
- All information provided on this application is true and correct.
- The Organization authorizes LCEF to initiate any correcting debit or credit that may be necessary.
- I acknowledge and agree to the Fee Schedule available at lcef.org/resources.

StewardAccount Provisions:

- The Organization understands and agrees to the terms and conditions of the Check-Writing Agreement, and if selected, the Visa Debit Card Agreement. Both agreements are available at lcef.org/agreements.
- The Organization authorizes LCEF to accept any redemption check order signed by any single authorized signer.
- If the Visa Debit Card is selected on this application, the Organization authorizes 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 acknowledge that the origination of automated clearinghouse (ACH) transaction to the Organization’s investment must comply with the provisions of U.S. law.

MyAccount Provisions:

- The Organization authorizes LCEF to accept all transaction requests initiated on the Organization’s behalf through the MyAccount service.
- The Organization must notify LCEF immediately if any of the signers are no longer authorized to act on its behalf.

Under penalties of perjury, I certify:

1. The Employer Identification Number in STEP 3 and the Social Security numbers of all individuals provided in STEP 4 are correct.
2. The Organization 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, (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 IRS regulations, LCEF cannot accept this investment until the Employer Identification Number in STEP 3 is provided and the certification in STEP 4 is signed. The IRS does not require your consent to any provisions of this application other than the certifications required to avoid backup withholding.

