



Lutheran Church Extension Fund

> where investments build ministry

Investment Signature Authorization Form

Part 1 – Officer Authorization **Must be completed by two authorized elected officers of the business/organization.**

Date _____ Account Numbers _____

We, _____, _____ and
Officer/Partner Name Title

_____, _____ of
Officer/Partner Name Title

_____ hereby certify that:
Business/Organization Name, City, and State

A. The business/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 Part 3 has been duly authorized and empowered to act on behalf of the business/organization by having investment and redemption privileges, including check writing and an optional Visa® debit card for a StewardAccount®.

• Signature Authorization

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

____ Any one of the signatures in Part 2 is required as authorization in all transactions.

____ Any two of the signatures in Part 2 are required as authorization in all transactions.

• Visa Debit Card

Debit cards are available on StewardAccounts which require only one signature on transactions. Check the **Issue a Debit Card** option in Part 3 and a card will be issued in the name of the business/organization for the authorized signer (separate card for each signer).

• MyAccount

- Authorized signers who are not currently *MyAccount* users must complete user name choices to request online access to the business/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 StewardAccounts, if the business/organization requires two signatures or other special signing provisions, I agree that such a provision is solely for the business/organization's internal control purposes. The business/organization agrees that LCEF is not liable for paying an item that is lacking the required number of signatures.

C. I understand that the business/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 Part 3 are no longer authorized by the business/organization to act on its behalf or (ii) any new person is to be duly authorized and empowered by the business/organization.

BOTH SIGNATURES ARE REQUIRED FOR PROCESSING.

X _____
Officer/Partner Signature

X _____
Officer/Partner Signature

Part 2 – Authorized Signers **Sign below and provide your personal information in Part 3 on the next page. The signers below replace all previously authorized signers.**

By signing this Authorization Form, I affirm that:

- I am an authorized signer for the business/organization specified in Part 1 and have received a current Offering Circular of The Lutheran Church Extension Fund—Missouri Synod.
- Under penalties of perjury, all information provided on this form is true and correct, including my Social Security number.
- I agree to the terms of the StewardAccount Check-Writing Agreement* and hereby authorize LCEF to accept any redemption check order signed by any single authorized signer.
- I agree to the terms of the Visa Debit Card Agreement* and hereby authorize LCEF to accept such order of redemption.

Signature X _____ Signature X _____

Signature X _____ Signature X _____

*The Check-Writing and Visa Debit Card Agreements are available at lcef.org/agreements.

Part 3 –Authorized Signer Information ALL AUTHORIZED SIGNERS MUST ENTER THEIR PERSONAL INFORMATION BELOW TO ACT ON BEHALF OF THE ORGANIZATION AND ITS INVESTMENT ACCOUNT(S).

For security reasons, authorized signers who do not provide their Social Security number, Date of Birth and Mother’s Maiden Name will not be able to utilize the *MyAccount* online service or receive account information by phone.

MyAccount is a service offered by LCEF, providing online access to your organization’s investment and loan accounts. Upon setup, the applicant will receive an email confirmation with their user name and temporary password. When selecting a user name, the name must contain at least six characters with a maximum of 20 characters.

PLEASE PRINT:

Applicant Name: _____ Social Security Number: _____
Street Address: _____ City, State, ZIP: _____
Phone Numbers: _____ primary _____ work Date of Birth: _____
Mother’s Maiden Name: _____ Email Address: _____
____ Issue a Debit Card ____ Add to *MyAccount* (current users only) ____ New *MyAccount* User (complete User Name below)
User Name: _____
First Choice Second Choice Third Choice

Applicant Name: _____ Social Security Number: _____
Street Address: _____ City, State, ZIP: _____
Phone Numbers: _____ primary _____ work Date of Birth: _____
Mother’s Maiden Name: _____ Email Address: _____
____ Issue a Debit Card ____ Add to *MyAccount* (current users only) ____ New *MyAccount* User (complete User Name below)
User Name: _____
First Choice Second Choice Third Choice

Applicant Name: _____ Social Security Number: _____
Street Address: _____ City, State, ZIP: _____
Phone Numbers: _____ primary _____ work Date of Birth: _____
Mother’s Maiden Name: _____ Email Address: _____
____ Issue a Debit Card ____ Add to *MyAccount* (current users only) ____ New *MyAccount* User (complete User Name below)
User Name: _____
First Choice Second Choice Third Choice

Applicant Name: _____ Social Security Number: _____
Street Address: _____ City, State, ZIP: _____
Phone Numbers: _____ primary _____ work Date of Birth: _____
Mother’s Maiden Name: _____ Email Address: _____
____ Issue a Debit Card ____ Add to *MyAccount* (current users only) ____ New *MyAccount* User (complete User Name below)
User Name: _____
First Choice Second Choice Third Choice

