



**INVEST TODAY** to earn  
**6.25%** for 2½ years!

**STEP 1: Choose Your Investment Ownership** Choose A or B (please print)

**A. Sole or Joint Owners** (Must be at least 18 years old. One or more owners with full rights of survivorship and not tenants in common. Interest is reported to the IRS using the Social Security number of the first owner listed).

1. \_\_\_\_\_  
Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street, City, State, ZIP \_\_\_\_\_  
Telephone: Home Number \_\_\_\_\_ Cell/Work Number \_\_\_\_\_ \* Email \_\_\_\_\_
2. \_\_\_\_\_  
Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street, City, State, Zip \_\_\_\_\_  
Telephone: Home Number \_\_\_\_\_ Cell/Work Number \_\_\_\_\_ \* Email \_\_\_\_\_

**B. Trust/Estate** (Trusts must send LCEF Trust Certification form, available at [lcef.org](http://lcef.org) or by calling LCEF at 800-843-5233).

\_\_\_\_\_  
Name of Trust/Estate \_\_\_\_\_ Social Security/TIN \_\_\_\_\_  
Street, City, State, Zip \_\_\_\_\_  
Telephone: Home Number \_\_\_\_\_ Cell/Work Number \_\_\_\_\_ \* Email \_\_\_\_\_

**STEP 2: Select Type of Investment**

6.25% 2½ Year Fixed Rate Term Note ..... \$ \_\_\_\_\_  
(New money only. Minimum \$500 investment.)

**STEP 3: Signature** (Must be signed by all owners).

By signing this application, I/we agree to the certification statements listed in STEP 6—Investment Certification.

Mother's Maiden Name \_\_\_\_\_

Signature of Primary Owner, Executor or Trustee \_\_\_\_\_ Date \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Signature of Joint Owner, Executor or Trustee \_\_\_\_\_ Date \_\_\_\_\_

**\*Electronic Delivery Agreement for LCEF's Offering Circular—(Please check the box.)**

☐ In lieu of receiving a mailed copy of the Offering Circular, I request LCEF to send to my household, via email, notification that the Offering Circular and Annual Report are available for review on LCEF's website. I understand I may revoke this request at any time or change the delivery address by contacting LCEF.

## STEP 4: Member Congregation

Your Member Congregation \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

## STEP 5: Interest Payment Options

### Interest Payment Options

*Please check one method of interest payment:*

☐ Let interest accumulate in this investment.

☐ Transfer interest to my existing LCEF investment or StewardAccount # \_\_\_\_\_

☐ Transfer interest to my/our external financial institution.

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

☐ Send the interest monthly ☐ Send the interest quarterly

## 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 [lcef.org/resources](http://lcef.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](http://lcef.org)



# Lutheran Church Extension Fund

> where investments build ministry

## LCEF Beneficiary Designation

This form is for those owning Investments as individuals or joint owners, not for IRA or HSA ownership. Instructions are on next page.

Please Print

Name(s) of Owner(s): \_\_\_\_\_

Request Applies to:

☐ New Investment

☐ Existing Investment(s): # \_\_\_\_\_

### Spousal Consent - Required

*If you are married, and designate someone other than your spouse as your sole primary beneficiary, your spouse must consent to this election by signing below. However, if your spouse is a joint owner on the investment(s) listed above, completion of the spousal consent is not required.*

Spousal Consent: I am the spouse of the investment owner named above. I give to the investment owner any interest I have in the investment. Therefore, I agree to my spouse's naming of a primary beneficiary other than myself. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I also acknowledge that I shall have no claim whatsoever against LCEF for any payment to my spouse's named beneficiary(ies).

\_\_\_\_\_  
Signature of Investment Holder's Spouse      Date      Spouse of: \_\_\_\_\_

List the person(s) or organization(s) such as the ministry of LCEF (national or district), or a congregation and related information to whom you want to transfer your Investment(s) at your death (or, if more than one owner, at the death of the last surviving owner). If you name an LCMS-related ministry, simply provide the name, city, state, and percentage amount.

Name _____	Date of Birth _____	Percentage _____ %
Address _____	Social Security Number _____	Relationship _____
_____	_____	_____
Name _____	Date of Birth _____	Percentage _____ %
Address _____	Social Security Number _____	Relationship _____
_____	_____	_____
Name _____	Date of Birth _____	Percentage _____ %
Address _____	Social Security Number _____	Relationship _____
_____	_____	_____
Name _____	Date of Birth _____	Percentage _____ %
Address _____	Social Security Number _____	Relationship _____
_____	_____	_____
Organization Name _____	Tax ID Number _____	Percentage _____ %
Address _____	_____	_____
_____	_____	_____

THE TOTAL PERCENTAGE MUST EQUAL 100%

("I" refers to all owners, whether one or more.)

I understand that the beneficiary(ies) shall receive the Investment(s) subject to all of the terms contained in this form, the instructions, and on the Investment(s). I also understand and agree that this form and the "Payable on Death" (POD) designation to be stated on the Investment(s) are binding upon my heirs, beneficiaries, and legal representatives at my death and shall be construed and applied in accordance with the Nonprobate Transfers Law of Missouri.

I understand that I may change or revoke this beneficiary designation at any time.

Owner \_\_\_\_\_ Date \_\_\_\_\_ Owner \_\_\_\_\_ Date \_\_\_\_\_

## Beneficiary Designation Instructions:

This form allows the owner(s) of Investment(s) issued by the Lutheran Church Extension Fund—Missouri Synod (LCEF), and owner(s) of Investment(s) issued by any Synod District Church Extension Fund (CEF) that are now assumed obligations of LCEF, to transfer the Investment(s) to other individuals and/or organizations of The Lutheran Church—Missouri Synod as beneficiaries who will receive the property upon the death of the owner(s).

- It is important that you provide all requested personal information about your beneficiaries. LCEF will attempt to locate your beneficiaries based on that information.
- You, as the owner(s), may designate one or more beneficiaries to whom your Investment(s) will be transferred upon your death (or the death of the last surviving owner).
- If you are married, and designate someone other than your spouse as your sole primary beneficiary, your spouse must consent to this election by signing the “Spousal Consent” section on the front of this form. However, if your spouse is a joint owner on the investment(s) listed on the form, completion of the spousal consent is not required.
- If a trust is named as a designated beneficiary, you must attach a copy of the *LCEF Trust Certification* (form S00533), available at **lcef.org** or by calling 800-843-5233.
- If you wish to name more than five beneficiaries, contact us.
- Beneficiaries may be changed or revoked by you, the owner(s), at any time. Naming beneficiaries does not affect your right to interest payments or to redeem the Investment(s) at maturity.
- Investments with beneficiaries will include the phrases: Payable on Death Beneficiaries and No LDPS.

The use of the phrase “No LDPS” (no lineal descendant per stirpes) means that if a named beneficiary does not survive the account owner(s), their share of the proceeds passes to the other surviving beneficiary(ies) in the proportion that the surviving beneficiaries’ designated shares bear to each other. If all named beneficiaries predecease the account owner(s), the proceeds will transfer to the estate of the last surviving owner.

- This form will not be effective until it is signed by all owners of the Investment(s).



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