

SHARED INTEREST PROGRAM

I would like to participate in Lutheran Church Extension Fund's (LCEF) Shared Interest Program by contributing the interest from my LCEF investment(s) to LCEF or a Lutheran Church—Missouri Synod (LCMS) ministry of my choice.

FROM YOU

Investment Number: _____

IRAs and HSAs are not eligible for this program.

TO OTHERS

Please direct 100% of my interest to the following LCEF gift option:

Church Worker Loan Pool LCEF General Fund Church Worker Wellness Kaleidoscope Fund

If other LCMS Ministry, please provide their name and address.

SUBMISSION TYPE *(check only one)*

New Modification Cancellation

FREQUENCY *(check only one)*

Monthly Quarterly

TIME PERIOD *(check only one)*

Select the length of time you'd like to direct your interest to the ministry of your choice. Once this time period ends, your interest will be compounded within your account based on the frequency of the specific account.

6 months Complete term of note 12 months Until further notice

All interest paid to the ministries listed will be reported on IRS Form 1099-INT as though paid to me. I may treat the interest as a charitable contribution. This donation can be tax deductible, if applicable.

PLEASE SIGN BELOW AND MAIL, FAX OR EMAIL THIS FORM TO LCEF.

Or if you prefer, call 800-843-5233 for assistance enrolling in this program from our Customer Relations Team.

Signature _____

Printed Name _____

Phone _____ Email _____