	Name		Social Security Number	Date of Birth
	Street, City, State, ZIP			
	Telephone: Home Number	Cell/Work Number	* Email	
•	Name		Social Security Number	Date of Birth
	Street, City, State, ZIP			
	Telephone: Home Number	Cell/Work Number	* Email	
	Name of Trust /Estate		Social Socurity/TIN	
-	<b>B. Trust/Estate</b> (Trusts must send LCEF 1	rust Certification form, available at	<b>Icef.org</b> or by calling LCEF).	
	Name of Trust/Estate		Social Security/TIN	
	Street, City, State, ZIP			
	Telephone: Home Number	Cell/Work Number	* Email	
F	2: Select Type of Investment h Worker Loan Pool Term Note, Fixed Ra	ate5 years8 years	10 years\$	
EP	<b>9 3: Signature</b> ( <i>Must be signed by all ov</i> gring this application, I/we agree to the signed by all over the signed by a sign	certification statements listed in		cation.
EF			den Name	cation.

time or change the delivery address by contacting LCEF.

## **STEP 4: Member Congregation**

Your Member Congregation

City

State

# STEP 5: Interest Payment and Electronic Investment

#### 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 external financial institution (void check required).

\_\_\_\_ Send the interest monthly \_\_\_\_\_ Send the interest quarterly (not available on StewardAccounts)

#### Electronic Investment

I authorize 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.

- 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 agree that the electronic feature(s) selected in STEP 5 will remain in effect until revoked in writing, and that the origination of automated clearinghouse (ACH) transactions to my investment must comply with the provisions of U.S. law.
- I authorize LCEF to initiate any correcting debit or credit that may be necessary.
- I acknowledge and agree to the Fee Schedule available at Icef.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.

