



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 _____			
2.	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 _____

B. Trust/Estate (Trusts must send LCEF Trust Certification form, available at lcef.org or by calling LCEF).

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

STEP 2: Select Type of Investment

ConnectPLUS, Fixed Rate 2-year term, NEW INVESTORS ONLY (Minimum \$500)	\$ _____
PartnerPLUS, New Money Only (Minimum \$500) _____ 2 years _____ 4 years	\$ _____
StewardAccount (Minimum \$100)	\$ _____
Issue a Visa® Debit Card for: _____ Owner 1 _____ Owner 2	
Term Note, Floating Rate (Minimum \$100) _____ 30 months _____ 60 months	\$ _____
Term Note, Fixed Rate (Minimum \$500) _____ 1 year _____ 2 years _____ 3 years _____ 4 years	
_____ 5 years _____ 5 year jumbo (Minimum \$100,000)	\$ _____

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.

Signature of Primary Owner, Executor or Trustee _____	Date _____	Mother's Maiden Name _____
Signature of Joint Owner, Executor or Trustee _____	Date _____	Mother's Maiden Name _____

*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 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

(All fixed-rate term notes, except ConnectPLUS and PartnerPLUS, do not accept deposits).

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 lcef.org/resources.
- **Exclusions: Dedicated Certificates and StewardAccount products are not available to investors in South Carolina. ConnectPLUS Term Note is not available to investors in Ohio and Pennsylvania.**

Additional StewardAccount Provisions:

- I agree 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.
- In authorizing either owner to sign redemption checks, I authorize LCEF to accept any order of redemption from any StewardAccount owner.
- If I selected the Visa debit card in STEP 2, I authorize LCEF to accept any such order of redemption from any StewardAccount product owner.

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.



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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 sign below.

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).

Spouse of: _____

Signature of Investment Holder's Spouse

Date

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 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 sign the “Spousal Consent” section on the front of this document.
- 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, No LDPS, as joint tenants with right of survivorship (as JTWROS).

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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This Trust Certification is given to the Lutheran Church Extension Fund (LCEF) with respect to all investments (other than for IRAs and HSAs) established for the following trust:

Name of Trust: _____ Date of Trust (MM/DD/YYYY): _____

Trust is: ☐ Revocable

Name of Grantor _____ SSN _____

Name of Grantor _____ SSN _____

(Interest is reported to the Internal Revenue Service using the name and Social Security Number of the above-named Grantor.)

☐ Irrevocable Tax Identification Number: _____

If there is more than one Trustee, the Trustees (must check one):

☐ May act separately.

☐ Must act jointly.

The undersigned Trustee(s) and, if the trust is revocable, the above-referenced Grantor(s), hereby certify(ies) to LCEF that:

- The information on this form is correct.
- The undersigned Trustee(s) is (are) all of the duly authorized and acting Trustee(s) of this trust.
- The undersigned Trustee(s) has (have) the power under the trust and the applicable law to enter into transactions and issue instructions to LCEF concerning the trust.
- Any and all transactions effected and instructions given will be in full compliance with the trust.
- LCEF will be informed in writing of any changes in the composition of the Trustees, or any other event which could alter the certifications above.
- LCEF is indemnified, jointly and severally, and held harmless, from any liability for effecting transactions pursuant to the instructions given by any of the Trustees so identified on this form.
- LCEF is indemnified from all costs (including reasonable attorney fees) incurred as a result of reliance by LCEF on this certification or any instructions from the Trustee(s) or any Successor Trustee.
- LCEF has not been provided with a copy of the trust instrument, and further, the Trustee(s) agree(s) that LCEF will have no responsibility to examine the trust instrument or to ensure the proper application of the trust assets in accordance with the trust instrument.
- The Trustee(s) has (have) entered into an agency agreement with the following entity, which is authorized to act for the Trustee(s) with respect to all investments established for the trust.

(If none, please indicate): _____

Under penalties of perjury, I certify:

1. The Social Security or Tax Identification Number shown 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 and initial 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. The IRS does not require your consent to any provisions of this application other than the certifications required to avoid backup withholding.

Current Trustee(s)

Name (print): _____


SSN: _____

Mother's Maiden Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

Address: _____

 Signature: _____

Name (print): _____

SSN: _____

Mother's Maiden Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

Address: _____

 Signature: _____

Grantor's Signature: _____

Name (print): _____

SSN: _____

Mother's Maiden Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

Address: _____

 Signature: _____

Name (print): _____

SSN: _____

Mother's Maiden Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

Address: _____

 Signature: _____

Grantor's Signature: _____

Note: Successor trustee information to be completed on back of form

Successor Trustee(s)

Name (*print*): _____

SSN: _____

Mother's Maiden Name (*print*): _____

Date of Birth (*MM/DD/YYYY*): _____

Address: _____

Address: _____

Name (*print*): _____

SSN: _____

Mother's Maiden Name (*print*): _____

Date of Birth (*MM/DD/YYYY*): _____

Address: _____

Address: _____

Name (*print*): _____

SSN: _____

Mother's Maiden Name (*print*): _____

Date of Birth (*MM/DD/YYYY*): _____

Address: _____

Address: _____

Name (*print*): _____

SSN: _____

Mother's Maiden Name (*print*): _____

Date of Birth (*MM/DD/YYYY*): _____

Address: _____

Address: _____



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