



CHURCH EXTENSION FUND, INC. (CEF)
Central Illinois District - LCMS (CID)

1850 North Grand Avenue West
Springfield, IL 62702-1626
TELEPHONE: (217) 793-1802 FAX: (217) 793-9454
EMAIL: cef@cidlcms.org www.cidlcms.org



New Investment Certificate Application

Enclosed \$ investment in CID-CEF should be issued as follows:

Table with 4 columns: TERM, *RATE*, MINIMUM, INTEREST PAYMENT METHOD (CHOOSE ONE). Rows include Flexible savings, 1 year, 3 year, 5 year, and 6 months terms with corresponding rates and minimums.

* INTEREST RATES ARE SUBJECT TO CHANGE. PLEASE CALL TO CONFIRM CURRENT RATES.

OWNERSHIP TYPE (CHOOSE ONE)

Individual Ownership - Name
Joint Ownership - Primary Owner Name
choose one: AND OR Secondary Owner Name
As joint tenants with right of survivorship and not as tenants in common
Minor Ownership - Child's Name
Adult Custodian Name
Under the Illinois Uniform Gifts to Minors Act

INDIVIDUAL / PRIMARY / MINOR OWNER INFORMATION (REQUIRED)

Address City State Zip
Telephone Number Congregation
Social Security or I.D. Number Signature

CERTIFICATION: Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am NOT subject to backup withholding under the provisions of section 3406(a)(1)(C) of the Internal Revenue Code.

SECONDARY OWNER OR ADULT CUSTODIAN INFORMATION (REQUIRED IF JOINT OR MINOR OWNERSHIP)

Address City State Zip
Telephone Number Congregation
Social Security or I.D. Number Signature

CERTIFICATION: Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am NOT subject to backup withholding under the provisions of section 3406(a)(1)(C) of the Internal Revenue Code.

Apply investment for the benefit of LUTHERAN CHURCH towards meeting its supporting investment requirement of 25% of its mortgage loan.

BENEFICIARY INFORMATION (NOT REQUIRED)

(Name) (Address) (Social Security Number) (Percentage)
1)
2)
3)
4)