



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:

<u>TERM</u>	<u>*RATE*</u>	<u>MINIMUM</u>	<u>INTEREST PAYMENT METHOD (CHOOSE ONE)</u>
_____ Flexible savings	0.75%	\$25	_____ Investment check semi-annually (if over \$25)
_____ 1 year	1.25%	\$100	_____ Accumulate interest and add to note balance
_____ 3 year	2.00%	\$100	
_____ 5 year	2.75%	\$1,000	
_____ 6 months	1.00%	\$5,000	

*** INTEREST RATES ARE EFFECTIVE 5/01/2010 AND SUBJECT TO CHANGE - CALL TO CONFIRM CURRENT RATES ***

OWNERSHIP TYPE (CHOOSE ONE)

_____ Individual Ownership - Name _____

_____ Joint Ownership – Primary Owner Name _____
(See below to complete Secondary Owner)

_____ Minor Ownership – Child’s Name _____
(See below to complete Adult Custodian Name)

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Church Congregation (to meet 25% supporting investment requirement of mortgage loan)

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.

REQUIRED IF JOINT OR MINOR OWNERSHIP IS CHOSEN (ABOVE):

JOINT OWNERSHIP: circle one: **AND OR** Secondary Owner Name _____
As joint tenants with right of survivorship and not as tenants in common

MINOR OWNERSHIP: Adult Custodian Name _____
Under the Illinois Uniform Gifts to Minors Act

PROVIDE FOR SECONDARY OWNER OR ADULT CUSTODIAN:

Address _____

City _____ State _____ Zip _____ Telephone Number _____

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.

BENEFICIARY INFORMATION (OPTIONAL)

<u>(Name)</u>	<u>(Address)</u>	<u>(Social Security Number)</u>	<u>(Percentage)</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____