



Individual/Trust Investment Application

Section I: Applicant and Ownership Information/Complete Information Required

Primary Applicant's full name (or Trustee(s) full name(s) if Applicant is a trust)

Mailing address

Social Security No. or EIN
(Note: See below in the case of trusts)

()
Daytime Phone

City, State, Zip

/ /
Date of Birth

()
Work Phone

E-mail Address YES, please email me updates from WELS CEF.

Church Membership: _____ Ev. Lutheran Church _____, _____
Address, City State

Individual investors may select only one of the following additional ownership options, if applicable. If you do not select any of these options, we will issue the Certificate solely to the primary applicant.

Joint Ownership. If you check this box, we will issue the Certificate to the Primary Applicant and Joint Applicant as joint tenants with the right of survivorship. Under this arrangement, the consent of either owner alone will be sufficient to redeem the Certificate, transfer it or take any other action requiring the consent of the Certificate holder.

Joint Applicant's full name

Social Security No.

/ /
Date of Birth

Living Trust. If you check this box, the Certificate will be issued to the Primary Applicant* as trustee(s) of the following trust:

Name of Trust (including date)

Trust EIN (only if not a Grantor Trust utilizing the Grantor's SSN) OR Grantor's Name (if trust utilizing Grantor's SSN; also provide Grantor's SSN in first part above)

* **If the trust has more than one trustee,** identify all of them on the Primary Applicant line, and select one of the following:

- Fewer than all trustees MAY exercise trust powers.
 Fewer than all trustees MAY NOT exercise trust powers.

UTMA Program. If you check this box, the Certificate will be issued to the Primary Applicant as custodian for the minor identified below ("Minor") under the Wisconsin Uniform Transfers to Minors Act (UTMA). **This election will be irrevocable and, as custodian, you are required to request a transfer of the Certificate into the sole name of the Minor when the Minor turns 21.** We recommend that you contact an attorney for more information about the Wisconsin UTMA.

Minor's full name

Social Security No.

/ /
Date of Birth

Section II: Type of Certificate / Interest Options

Please use Certificate # _____ for a term change.

Enclosed is a check in the amount of \$ _____ (CK# _____) for investment in the following Certificate:

Investment Certificate (\$500 minimum investment)

Savings Certificate (\$100 minimum investment)

- 6 mos. 12 mos. 18 mos.
 24 mos. 36 mos. 48 mos. 60 mos.

- Statement (monthly interest added) 1 Year

How you would like interest paid on your Investment Certificate and 1 Year Savings Certificate? (choose only one of the following options)

- Directly to you in the form of a check Added to the Certificate Added to Statement Savings Certificate # _____
 EFT directly to your bank (If you choose this option, please send us an EFT authorization form and a voided check)
 Zero Interest Rate - If you would like to provide additional support to the cause of WELS CEF, you may elect to receive **no interest** on your Investment Certificate or Savings Certificate by checking this box.

SIGNATURES

WELS CEF will not process your Investment Application until you have completed Sections I and II and signed below. If you are signing on behalf of an organization, corporate entity or institution, print your name and title on the provided line. This Investment Application includes the terms printed on the back side of this form.

Primary Applicant's Signature (or Trustee, if Applicant is a trust) _____ Date _____

Joint Applicant or Additional Trustee's Signature (if necessary) _____ Date _____

Additional Trustee's Signature (if necessary) _____ Date _____

Additional Trustee's Signature (if necessary) _____ Date _____

Please tell us how you heard about the WELS Church Extension Fund: _____

Section III: Payment on Death / Successor Custodian

Primary Beneficiary. By checking this box, you authorize WELS CEF to pay the principal and accrued interest on your Certificate to the indicated 501(c)(3) tax-exempt organization or individual beneficiary at your death. Organizations may not select this option.

If you desire to designate more than one beneficiary, or to designate contingent beneficiaries in the event that the primary beneficiary predeceases you or no longer functions as a 501(c)(3) organization with a purpose consistent with your intended donation, please complete and forward to us the separate Beneficiary Designation Form included as an exhibit to the Offering Circular.

You may also name a successor custodian to replace the custodian upon death of the named custodian.

Name of tax-exempt organization or individual beneficiary or custodian

Address

City, State and Zip

Social Security No. or EIN

_____/_____/_____
Date of Birth

Relationship

Section IV: Representations and Agreement

BY SIGNING THIS INVESTMENT APPLICATION, YOU REPRESENT AND AGREE TO THE FOLLOWING:

1. **Purchase of Certificate Applied for.** You agree to purchase the Certificate indicated in this Investment Application. If you checked the box under “Zero Interest Rate” in Section II, you further agree that your Certificate will not earn any interest.

2. **Terms of Certificate.** You have received and been encouraged to read the WELS CEF Offering Circular dated October 15, 2020 and the WELS CEF financial statements included in it. You have also had the opportunity to ask questions and receive answers about the WELS CEF Offering Circular and financial statements, the risks of investing in a Certificate, and the terms of the Certificate you are applying for. By signing this Investment Application, you agree to those terms.

3. **Affiliation with the Wisconsin Evangelical Lutheran Synod.** Before receiving the Offering Circular, you (or the Minor named with respect to our UTMA Program described on page 1 hereof) are a member of the church identified in Section I or another congregation or other religious organization affiliated with the Wisconsin Evangelical Lutheran Synod. If you are an organization, corporate entity or institution, you are affiliated with the Wisconsin Evangelical Lutheran Synod.

4. **Liability of Joint Applicants.** If a Certificate is being purchased for joint ownership, both the Primary Applicant and the Joint Applicant must sign this Investment Application. In that case, “you” shall refer to both applicants. The Primary Applicant and Joint Applicant shall be jointly and severally liable under this Investment Application. WELS CEF is authorized to act upon the instructions and directions of either applicant in all matters, including redemption requests.

5. **Certification of Trust.** If a Certificate is being purchased for ownership in trust, each trustee identified as a Primary Applicant must sign this form. In that case, in this paragraph, “you” shall refer to all trustees. By signing this form, you certify that the trust powers may be exercised as indicated in Section I, and that the trust identified in Section I has not been revoked, modified, or amended in any manner that would cause this certification of trust to be incorrect. If you indicated that trust powers may be exercised by fewer than all trustees, WELS CEF is authorized to act upon the instructions and directions of ANY trustee identified as a Primary Applicant in all matters, including redemption requests.

6. **Beneficiaries.** If you have completed Section III, you authorize WELS CEF to pay the outstanding principal and accrued interest on your Certificate to the indicated beneficiary at your death. With regard to a donation, you acknowledge that it is advisory only and that WELS

CEF may refuse to honor your request. If at your death the tax-exempt organization you identified in Section III no longer functions as a qualified 501(c)(3) organization with a mission purpose consistent with your intended donation, you authorize WELS CEF to designate another tax-exempt organization to receive your donation. You may change or revoke any beneficiary designation in Section III at any time. But a beneficiary designation and this Investment Application shall be binding on your heirs, beneficiaries and legal representatives. **In addition, you represent either (i) that you are unmarried, or (ii) that your spouse has signed either this Investment Application as an Applicant, or the following Spousal Consent:**

I am the spouse of the Primary Applicant or Joint Applicant identified in Section I of this Investment Application. I give to my spouse any interest I have in the funds to be invested in the Certificate applied for in this Investment Application. I agree to my spouse naming a beneficiary other than myself. I acknowledge that I have received a fair and reasonable disclosure of my spouse’s property and financial obligations. I shall have no claim against WELS CEF or any beneficiary designated under this Investment Application for any payment made to the beneficiary.

Signature of spouse of Primary Applicant

Date

Signature of spouse of Joint Applicant

Date

7. **Withholding Certification.** By signing this Investment Application and under penalties of perjury, each Applicant certifies that:

(a) Each Social Security or Federal Employer Identification Number provided in Section I hereof is correct.

(b) You are either exempt from withholding or otherwise not subject to backup withholding. The IRS has not notified you that part of dividend and interest is to be withheld as a result of your failure to report all dividend and interest income. **Please draw an “X” through this paragraph if you ARE subject to backup withholding.**

(c) You are a U.S. Person for federal tax purposes (including a U.S. citizen, a U.S. resident alien), or a domestic trust.

Please mail this Application with a check payable to “WELS Church Extension Fund” for the amount of your investment to WELS Church Extension Fund, N16W23377 Stone Ridge Drive, Waukesha WI 53188-1108.