



# WELS Church Extension Fund

Wisconsin Evangelical Lutheran Synod

## Organization Investment Application

### Section I: Applicant and Ownership Information

Name of Organization

Mailing address

If applicable, specify subtitle

City, State, Zip

Employer Identification Number

( )  
Phone Number

Email Address ☐ Yes, please email us updates from WELS CEF.

WELS Church Affiliation: \_\_\_\_\_ Ev. Lutheran Church of \_\_\_\_\_, \_\_\_\_\_  
Address / City State

### 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)

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

#### **Savings Certificate** (Select one, \$100 minimum investment)

- ☐ Statement (monthly interest added) ☐ 1 Year

**How you would like interest paid on your Investment Certificate or 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.

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

( ) ( )  
Home Phone Number Work Phone Number

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

( ) ( )  
Home Phone Number Work Phone Number

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name (please print) Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

( ) ( )  
Home Phone Number Work Phone Number

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

( ) ( )  
Home Phone Number Work Phone Number

\_\_\_\_\_  
Signature Date

**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.**

### Section III: 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, 2025 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 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. **Authority of Organization.** If the applicant is an organization, corporate entity or institution, you represent that you have been duly authorized to purchase the Certificate indicated in this Application, and that the person signing this Investment Application has been authorized to sign it on behalf of the organization, corporate entity or institution.

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

(a) The Federal Employer Identification Number listed under your name in Section I of this Investment Application 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 your 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 partnership, corporation, company, or association created or organized in the U.S. or under U.S. laws).