

# IRA MATURITY FORM



Church Extension Plan  
VISION™

Investor Number \_\_\_\_\_ Note Number \_\_\_\_\_ Maturity Date \_\_\_\_\_

## IRA Holder Information (required)

Prefix \_\_\_\_\_ IRA Holder First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Address Changes (if any)

Address Change \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number Change \_\_\_\_\_ Email Address Change \_\_\_\_\_

## Choose Your Terms (required)

These terms are irrevocable.

I wish to reinvest under the following term(s):

_____ IRA ACCOUNT (FIXED) _____	
APY   APR	APY   APR
\$ _____ 12 month @ 3.91%   3.85%	\$ _____ 2 year @ 4.33%   4.25%
\$ _____ 18 month @ 4.17%   4.10%	\$ _____ 3 year @ 4.59%   4.5%
	\$ _____ 5 year @ 5.11%   5.0%

\_\_\_\_\_ Penalty for early transfers \_\_\_\_\_

(APY = Interest compounds monthly | APR=Interest paid out monthly)

I wish to combine this IRA with my multiple asset, note # \_\_\_\_\_ .  
*Please call a Customer Service Specialist to confirm eligibility.*

I will be transferring to another custodian and will send appropriate forms .

I will be taking a withdrawal. Please send a withdrawal form.

**Please send statements**  Monthly  Quarterly  Semi-annually  Annually  Email \_\_\_\_\_

## Beneficiary Changes (if any)

If someone **other** than your spouse is your Primary Beneficiary, your spouse must sign the Spousal Consent on the back of this form.

1.	_____ %
Name of Individual/Organization _____	Social Security Number _____ Distribution <input type="checkbox"/> <input type="checkbox"/>
Relationship _____ Telephone Number _____	Date of Birth _____ Primary _____ Contingent _____
Address _____ City _____	State _____ Zip _____
2.	_____ %
Name of Individual/Organization _____	Social Security Number _____ Distribution <input type="checkbox"/> <input type="checkbox"/>
Relationship _____ Telephone Number _____	Date of Birth _____ Primary _____ Contingent _____
Address _____ City _____	State _____ Zip _____

Please list any additional beneficiaries on a separate page and include percentage of benefit.

Continued on next page >

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## Spousal Consent *(to be completed **only** if your spouse is **not** your primary beneficiary)*

This section should be reviewed if either the custodian or the residence of the IRA holder is located in a community or marital property state and the IRA holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

### Current Marital Status

- I Am Not Married—I understand that if I become married in the future, I must complete a new IRA Designation of Beneficiary form.
- I Am Married—I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above-named IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.

I hereby give the IRA holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

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Signature of Spouse

Date

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Signature of Witness

Date

## Please Read and Sign *(required)*

By signing below, I acknowledge that I have received and read Church Extension Plan's current Vision Offering Circular and that the other details of the promissory notes are explained in the Offering Circular. I understand that monies invested with Church Extension Plan are used to fund loans to Assemblies of God ministries and churches. Based on this information I consider myself a friend/member of the Assemblies of God. I understand that upon maturity, Church Extension Plan will notify me in writing 30 days in advance for renewal information. **If I do not respond, Church Extension Plan will automatically renew my account for the same term at the interest rate currently offered at Church Extension Plan. (Does not apply to Oregon or Georgia residents. See Offering Circular for details.)** I understand that Church Extension Plan reserves the option to allow the note to be renewed or to pay off the note at the time of maturity. CEP also reserves the right to prepay a note, or any portion thereof, at any time.

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IRA Holder Signature

Date