

# INDIVIDUAL INVESTMENT FORM



Please contact our office for IRA forms.

## Owner/Co-Owner Information

Prefix	Owner First Name	Middle	Last	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Social Security Number
Prefix	Co-Owner First Name	Middle	Last	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Social Security Number

Transactions may be made with one signature  Transactions will require both signatures

Mailing Address	City	State	Zip
Physical Address (required if Mailing Address is a PO Box)	City	State	Zip
Telephone Number	Email Address		

## Additional Information

How did you hear about CEP?

If referred, who told you about us?

## Terms of the Note (\$250 minimum on all investments)

Please fill in dollar amount for the investment(s) you would like to open. *These terms are irrevocable.*

30-DAY ACCESS (VARIABLE)	TERM NOTES (FIXED)
APY   APR	APY   APR
\$ _____ 2.27%   2.25%	\$ _____ 6 month @ 2.53%   2.5%      \$ _____ 2 year @ 3.30%   3.25%
	\$ _____ 12 month @ 2.78%   2.75%      \$ _____ 3 year @ 3.56%   3.5%
	\$ _____ 18 month @ 3.04%   3.0%      \$ _____ 5 year @ 4.33%   4.25%

Penalty for early withdrawals

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

Total Investment Amount \$ \_\_\_\_\_ Please make checks payable to Church Extension Plan.

Please send statements  Monthly  Quarterly  Semi-annually  Annually  Email

## Interest Options

Please select *one interest option only*. This choice can be changed at any time. If no selection is made, investments will automatically compound monthly.

- Compound Interest (APY) — *or* —
- Pay Out Interest (APR):  Monthly  Quarterly  Semi-annually  Annually

To have interest direct deposited to your bank please complete the following:

I authorize Church Extension Plan to deposit funds to my bank account on the  2<sup>nd</sup>  9<sup>th</sup>  16<sup>th</sup>  26<sup>th</sup> of each month starting \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . **Please attach a voided check.**

Interest Only  Fixed Payment: Amount \$ \_\_\_\_\_

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Church Extension Plan  
VISION™

## Beneficiary Information (payable upon death of *all* owners)

1. \_\_\_\_\_ %

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

2. \_\_\_\_\_ %

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

Please list any additional beneficiaries on a separate sheet of paper.

## Investment Agreement, Representation, and Authorization

By signing below, I acknowledge I have received and read Church Extension Plan's current Vision Offering Circular and that other details of the promissory notes are explained in said Offering Circular. I understand that money invested with Church Extension Plan is used to fund loans to Assemblies of God churches and ministries. I have read the definition of "Limited Class of Investors" in the Offering Circular and I hereby represent that I fall within the definition of said Limited Class of Investors. I also understand that upon maturity, Church Extension Plan will notify me in writing 30 days in advance for renewal information, and if I do not respond, Church Extension Plan will, unless they elect not to, automatically renew my account at the same term, at the interest rate then currently being offered by Church Extension Plan for similar investments. **(Does not apply to Oregon and 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. Church Extension Plan also reserves the right to prepay a note, or any portion thereof, at any time.

### I also certify under penalties of perjury that:

- ▶ The number shown above is my correct taxpayer identification number, *and*
- ▶ I am not subject to backup withholdings since:  
I have not been notified by the Internal Revenue Service that I am subject to backup withholdings as a result of a failure to report all interest or dividends. — *or* —  
the Internal Revenue Service has notified me that I am no longer subject to backup withholdings.
- ▶ I am exempt from reporting. (To claim exemption you must check the box: ).

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

Co-Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail checks and form to:** Attn: Investments  
Church Extension Plan  
PO Box 12629  
Salem, OR 97309-0629

**For current rates, please refer to the enclosed rate chart or call our Investment Department: (800) 821-1112.**