



INDIVIDUAL INVESTMENT MATURITY FORM

Investor Number _____ Note Number _____ Maturity Date _____

Owner/Co-Owner Information

Prefix Owner First Name _____ Middle _____ Last _____ Social Security Number _____

Prefix Co-Owner First Name _____ Middle _____ Last _____ Social Security Number _____

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

Address Changes (if any)

Address Change _____ City _____ State _____ Zip _____

Telephone Number Change _____ Email Address Change _____

Choose Your Terms (required)

Please reinvest all or part under the following term(s).

| 30-DAY ACCESS (VARIABLE) | TERM NOTE (FIXED) |
|--------------------------|-----------------------------------|
| APY APR | APY APR |
| \$ _____ 3.04% 3.0% | \$ _____ 6 month @ 3.55% 3.5% |
| | \$ _____ 12 month @ 3.91% 3.85% |
| | \$ _____ 18 month @ 4.17% 4.10% |
| | \$ _____ 2 year @ 4.33% 4.25% |
| | \$ _____ 3 year @ 4.59% 4.5% |
| | \$ _____ 5 year @ 5.11% 5.0% |

_____ Penalty for early withdrawals _____
(APY = Interest compounds monthly | APR=Interest paid out monthly)

Please transfer all or part \$ _____ of this note to existing note # _____ at maturity.
Please call a Customer Service Specialist to confirm eligibility.

Please have all or part \$ _____ paid at maturity (30-days notice required).
 Please direct deposit to my bank. I have attached a VOIDED check.

Please send statements Monthly Quarterly Semi-annually Annually

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 your payment direct deposited to your bank please complete the following:

I authorize Church Extension Plan to deposit funds to my bank account on the 3rd 9th 16th 26th of each month starting ___ / ___ / ____ . **Please attach a voided check.**

Interest Only Fixed Payment: Amount \$ _____

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Beneficiary Changes *(if any — 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.

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.

Owner Signature Date

Co-Owner Signature Date