



# 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
\$ _____ 2.27%   2.25%	\$ _____ 6 month @ 2.53%   2.5%
	\$ _____ 12 month @ 2.78%   2.75%
	\$ _____ 18 month @ 3.04%   3.0%
	\$ _____ 2 year @ 3.30%   3.25%
	\$ _____ 3 year @ 3.56%   3.5%
	\$ _____ 5 year @ 4.33%   4.25%

\_\_\_\_\_ 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  3<sup>rd</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 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