

Individual Investment – AR

LIMITED TIME OFFER

TYPE OF OWNERSHIP

- Individual (Single Owner) Joint (More than one owner) Trust

OWNER INFORMATION

Prefix	Full Name	Social Security Number	Date of Birth
Gender	Daytime Phone	Email	
Mailing Address	City	State	ZIP
Physical Address <i>(If different than above)</i>	City	State	ZIP

CO-OWNER INFORMATION *(If "Joint" was checked above)*

Prefix	Full Name	Social Security Number	Date of Birth
Gender	Daytime Phone	Email	
Mailing Address	City	State	ZIP
Physical Address <i>(If different than above)</i>	City	State	ZIP

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

TRUST INFORMATION *(To be completed if "Trust" was checked above)*

If the investment is being held in a trust, include a copy of the trust cover page, successor trustee provisions, and signature page.

Name of Trust	Date of Trust	Tax ID Number
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MONTHLY ELECTRONIC FUND TRANSFER (EFT)

Complete this section only if you wish to make regular monthly additions to your investment from your checking account. Restrictions on additions may apply in the future. If more than one term was chosen, please indicate which term will be receiving the addition.

- I want to make recurring monthly additions to my investment from my checking account (Attach a voided check. Deposit slips not accepted.)

Amount to Transfer	Start Date (MM/DD/YYYY)	Term
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Church Extension Plan

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INVESTMENT NOTE TERMS

Enter the dollar amount for the term(s) you would like to open. See our Rate Chart for current rates and information about each option. *Terms are irrevocable.*

Limited Time Offer

Amount (\$250 minimum per investment)

9 Month Term[†] \$ _____

Fixed Rate

5 Year Term[†] \$ _____

3 Year Term[†] \$ _____

2 Year Term[†] \$ _____

18 Month Term[†] \$ _____

12 Month Term[†] \$ _____

6 Month Term[†] \$ _____

[†] Investors should count on holding notes to maturity. Notes are not designed for early withdrawal. Early withdrawal, if allowed, may incur a penalty of up to 6 months' interest on account balance.

Variable Rate

Access 5 Year Term^{††} \$ _____

^{††} Written notice required for withdrawal. Paid out in 30 days.

Total Investment Amount \$ _____

Included is a check for the above amount (make checks payable to Church Extension Plan)

Included is a voided check. Please deduct the Total Investment Amount from the bank account provided

INTEREST PAYMENT OPTIONS *(Select one interest option. If no selection is made or if both options are checked, interest will compound monthly)*

1. Compound Interest Monthly

2. Pay Out Interest (Direct Deposit Required):

Monthly Quarterly Semi-Annually Annually

Direct deposit interest to bank account used to open this investment

Direct deposit to new bank account (Attach a voided check. Deposit slips not accepted.)

STATEMENT FREQUENCY *(Choose only one)*

Email (Monthly Only)

Quarterly

Semi-Annually

Annually

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DISTRIBUTION UPON DEATH OF ALL OWNERS *(List any additional beneficiaries on a separate sheet of paper)*

If the investment is set up in the name of your trust, the trust is automatically the beneficiary. Proceed to page 4.

The interest of any beneficiary that predeceases all owners terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, your estate will be your beneficiary.

If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages of the investment. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

Beneficiary 1 Primary Contingent

Full Name of Individual/Organization	Relationship	Distribution %	
Social Security Number/Tax ID Number	Date of Birth	Phone	
Address	City	State	ZIP

Beneficiary 2 Primary Contingent

Full Name of Individual/Organization	Relationship	Distribution %	
Social Security Number/Tax ID Number	Date of Birth	Phone	
Address	City	State	ZIP

Beneficiary 3 Primary Contingent

Full Name of Individual/Organization	Relationship	Distribution %	
Social Security Number/Tax ID Number	Date of Birth	Phone	
Address	City	State	ZIP

Beneficiary 4 Primary Contingent

Full Name of Individual/Organization	Relationship	Distribution %	
Social Security Number/Tax ID Number	Date of Birth	Phone	
Address	City	State	ZIP

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ARKANSAS RESIDENTS

RESTRICTION ON TRANSFER: The security represented by this certificate has been executed pursuant to an exemption from registration under the Securities Act of 1933 and the Arkansas Securities Act in reliance upon the representation of the holder hereof that the same is acquired for investment purposes. This note may accordingly not be resold or otherwise transferred or conveyed in the absence of registration of the same pursuant to the applicable securities laws or unless an opinion of counsel satisfactory to the issuer is first obtained that such is not then necessary. Any transfer contrary hereto is void. The investment may not exceed ten percent (10%) of any unaccredited purchaser's net worth (net worth excludes home, furnishings and automobiles.)

DECLARATION OF INVESTOR(S)

Each person signing below individually declares under penalties of perjury that (a) I have received Church Extension Plan's (CEP's) current Vision Offering Circular, including the provisions explaining details of the promissory notes; (b) I understand that money invested with CEP is used to make loans to Assemblies of God churches; (c) I come within the Offering Circular's definition of "Limited Class of Investors"; (d) I understand CEP has the option at maturity to either allow the note to be renewed or to pay off the note, and CEP may prepay the note, or any portion thereof, at any time, and (e) I understand CEP will, unless it elects not to, automatically renew the note for the same term, at the interest rate then currently being offered by CEP for similar investments.

The person(s) listed at the top of page one, each for themselves, certifies under penalties of perjury that:

1. My number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding due to failure to report interest and dividend income, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE(S)

Owner Signature

Date

Co-Owner Signature

Date

ADDITIONAL INFORMATION

How did you hear about Church Extension Plan?

If referred, who told you about us?

SUBMITTING YOUR FORM

To submit your completed form with all required attachments, send a scanned PDF (or similar format) to investment@cepnet.com or mail/fax the document(s) to the address/fax number at the bottom of page 1.