

Institutional Investment

OWNER INFORMATION

Name of Church/Organization/Institution	Daytime Phone	Tax ID Number	
Contact Name and Position	Email		
Mailing Address	City	State	ZIP
Physical Address (If different than above)	City	State	ZIP

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.*

Fixed Rate

Amount (\$250 minimum per investment*)

<input type="checkbox"/> 5 Year Term*	\$ _____
<input type="checkbox"/> 3 Year Term*	\$ _____
<input type="checkbox"/> 2 Year Term*	\$ _____
<input type="checkbox"/> 18 Month Term*	\$ _____
<input type="checkbox"/> 12 Month Term*	\$ _____
<input type="checkbox"/> 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

<input type="checkbox"/> Access 5 Year Term†	\$ _____
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† Written notice and 2 signatures required for withdrawal. Paid out in 30 days.

Total Investment Amount	\$ _____
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- ☐ 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.)

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Church Extension Plan

PARTNERS in MINISTRY®

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STATEMENT FREQUENCY *(Choose only one)*

☐ Email (Monthly Only) ☐ Quarterly ☐ Semi-Annually ☐ Annually

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.

☐ Please make recurring monthly additions to the term indicated below from the bank account provided (Attach a voided check. Deposit slips not accepted.)

Amount to Transfer	Start Date (MM/DD/YYYY)	Term
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ADDITIONAL INFORMATION

How did you hear about Church Extension Plan?

If referred, who told you about us?

DECLARATION ON BEHALF OF ENTITY REGARDING INVESTMENT

Under penalty of perjury, we individually hereby declare that: (a) I am an authorized representative of the entity named on page 1, (the Entity), and on behalf of said Entity (b) I have received and read Church Extension Plan's (CEP's) current Vision Offering Circular, including the provisions explaining details of promissory notes; (c) I understand that money invested with CEP is used to make loans to Assemblies of God churches; (d) the Entity comes within the Offering Circular's definition of "Limited Class of Investors"; (e) 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 (f) 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. (Automatic renewal as described above does not apply to California and Oregon residents. See Offering Circular for details.)

SIGNATURE(S)

Signature of Pastor/Board President (Required)	Printed Name	Date
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Signature of Board Secretary (Required)	Printed Name	Date
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BOARD RESOLUTION *(Regarding investment with Church Extension Plan)*

The persons whose names and signatures appear on this form (the Authorized Signers) are hereby authorized to sign, on behalf of the Entity, with respect to investments with Church Extension Plan (CEP), and obligate Entity to any contract, agreement, or transaction with CEP. Such orders shall require at least two signatures designated in this form. All prior authorizations are hereby superseded. This authority shall remain in effect until Entity terminates said authority in writing to CEP. Any limitation on any Authorized Signer's authority shall expressly be disclosed to CEP in the space provided in this form. The undersigned Pastor/President and Secretary hereby certify that the foregoing is a full and complete copy of the resolution duly adopted by the Board of Directors of the Entity, at a meeting of said Board held on the date below, and that the signatures appearing on this form are the actual signatures of the persons designated who are duly qualified and acting in their respective capacity.

Date Resolution Adopted by Board

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AUTHORIZED SIGNERS *(Minimum of 2 signatures required, but the church may require more)*

Signatures required for redemption: ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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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.