

Change of Ownership

PRIMARY OWNER

Current Owner Full Name Last 4 Digits of Social Security

Investment Note Number(s)

I hereby authorize Church Extension Plan to change the ownership of the Promissory Note(s) listed above as directed on this Change of Ownership form.

Current Owner Signature Date

CHANGE REQUEST

Please select all that apply, then continue to the section pertaining to your request.

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Add New Primary Owner | <input type="checkbox"/> 3. Add New Co-Owner | <input type="checkbox"/> 5. Change To My Trust |
| <input type="checkbox"/> 2. Remove Primary Owner | <input type="checkbox"/> 4. Remove Co-Owner | <input type="checkbox"/> 6. Remove My Trust |

1. ADD NEW PRIMARY OWNER

Choose One:

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

Name of New Primary Owner Social Security Number Date of Birth

Gender Daytime Phone Email

Mailing Address City State ZIP

I have read and understand the terms and conditions of the CEP investment notes. I understand there may be tax consequences for this change.

New Owner Signature Date

2. REMOVE PRIMARY OWNER

Relinquishing Primary Owner Printed Name

Relinquishing Primary Owner Signature Date

Check if co-owner is deceased and provide a certified copy of the original death certificate.

Continued on next page >



Change of Ownership



3. ADD NEW CO-OWNER

Choose One:

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

Name of New Co-Owner		Social Security Number	Date of Birth	
Gender	Daytime Phone	Email		
Mailing Address		City	State	ZIP
<input type="checkbox"/> I have read and understand the terms and conditions of the CEP investment notes.				
New Co-Owner Signature			Date	

4. REMOVE CO-OWNER

Relinquishing Co-Owner Printed Name	
Relinquishing Co-Owner Signature	Date
<input type="checkbox"/> Check if co-owner is deceased and provide a certified copy of the original death certificate.	

5. CHANGE TO MY TRUST

Include a copy of the Certification of Trust or a copy of the following 3 pages from your Trust document: Trust Cover Page, Successor Trustee Provisions, and Signature Page.

Name of Trust	Date of Trust	Tax ID Number	
Name of Trustee		Date of Birth	
Gender	Daytime Phone	Email	
Mailing Address	City	State	ZIP
<input type="checkbox"/> I have read and understand the terms and conditions of the CEP investment notes. I understand there may be tax consequences for this change.			
Trustee Signature			Date

6. REMOVE MY TRUST

Name of Trust	
Trustee Signature	Date

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 on the first page.