

TERM INVESTMENT

Purchase Application for Congregations, Synods and ELCA-related Organizations



Mission Investment Fund
A Financial Ministry of the ELCA

Complete terms and conditions of the investment are set forth in the current Offering Circular of the Mission Investment Fund of the ELCA. The Offering Circular is available at mif.elca.org/resources. All fields are required unless otherwise noted. Please complete fully and sign to submit your application.

FOR OFFICE USE ONLY

A. INITIAL INVESTMENT AND PAYMENT SPECIFICATIONS

We apply to purchase the TERM INVESTMENT described below.

SELECT YOUR TERM

TERM INVESTMENT Fixed Rate

1 year 2 years 3 years 4 years 5 years 6 years

(Minimum investment of \$1,000)

TERM INVESTMENT GRAND Fixed Rate

1 year 2 years 3 years

(Minimum investment of \$250,000)

FUNDING OPTIONS

Make check payable to the **Mission Investment Fund**. Please mail check and completed original Purchase Application to **MISSION INVESTMENT FUND, P.O. Box 31070, Chicago, IL 60631-0070**.

CHECK ENCLOSED \$ _____

TRANSFER \$ _____ FROM EXISTING MIF ACCOUNT NUMBER: _____

INTEREST PAYMENT OPTIONS

Select how quarterly interest is to be paid:

Reinvest

Add to existing MIF Account # _____

Add payment to another account (please complete section below): Checking Savings

Please attach voided check or a bank ACH verification form.

Bank Name _____

Bank City, State _____

Bank Routing # _____

Bank Account # _____

B. ORGANIZATION INFORMATION

NAME OF CONGREGATION, SYNOD OR ELCA-RELATED ORGANIZATION

FIVE-DIGIT ELCA CONGREGATION ID (OPTIONAL)

TAX ID #

MAILING ADDRESS

CITY, STATE, ZIP

BUSINESS PHONE

BUSINESS EMAIL ADDRESS

C. AUTHORIZED SIGNERS

Please designate authorized signers for the above-named congregation, synod or ELCA-related organization. Signed instructions from any one of the persons designated as owner-signatories for an investment will be honored by MIF. Complete information and signature for each signer is required.

PRIMARY AUTHORIZED SIGNER (REQUIRED)

NAME (FIRST, MIDDLE INITIAL, LAST)

ROLE AT ORGANIZATION

MAILING ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS

TODAY'S DATE

BIRTH DATE (MM/DD/YY)

SOCIAL SECURITY NUMBER

PREFERRED PHONE NUMBER (MOBILE/HOME/WORK)

ADDITIONAL AUTHORIZED SIGNER (OPTIONAL)

NAME (FIRST, MIDDLE INITIAL, LAST)

ROLE AT ORGANIZATION

MAILING ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS

TODAY'S DATE

BIRTH DATE (MM/DD/YY)

SOCIAL SECURITY NUMBER

PREFERRED PHONE NUMBER (MOBILE/HOME/WORK)

Certification of Ministry Management:

Please identify an individual with significant responsibility for managing your congregation or ministry, as set forth by the congregation’s ministry or governing documents (such as Senior Pastor, Church Council President, Executive Director, or other individual who regularly performs similar managerial functions). Federal law requires MIF to obtain, verify, and record this information to prevent fraud and financial crimes. This information will override existing information if your ministry is already a customer.

This person may be, but does not have to be, an Authorized Signer.

Check here if this Authorized Signer information should also be used for the Certification of Ministry Management.

Authorized Signer 1 Authorized Signer 2

If box is checked, you do not need to complete the section below. If you do not provide any information in this section, MIF will assume the first listed Authorized Signer should be used.

_____	_____	_____
NAME (FIRST, MIDDLE INITIAL, LAST)	BIRTH DATE (MM/DD/YY)	SOCIAL SECURITY NUMBER
_____	_____	_____
EMAIL ADDRESS	PREFERRED PHONE NUMBER (MOBILE/HOME/WORK)	
_____	_____	
MAILING ADDRESS	CITY, STATE, ZIP	

D. ACCOUNT CERTIFICATION AND SIGNATURES

If any of the above information changes, I on behalf of the ministry identified herein agree to provide the Mission Investment Fund with updates by contacting customer service at 877-886-3522. I acknowledge receipt of the current Offering Circular of the Mission Investment Fund of the ELCA, which includes the complete terms and conditions of the investments being purchased. I confirm that we are a congregation, organization or institution that is related to the ELCA. I certify and approve that the information provided herein is correct under penalty of perjury.

Taxpayer Identification Number and Certification: Under penalties of perjury, I certify that: (1) my Social Security Number or Taxpayer Identification Number shown on this form is correct; and (2) I am not subject to back-up withholding because either: (a) I have not been notified by the Internal Revenue Service that I am subject to back-up withholding as a result of failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to back-up withholding. (Cross out item (2) if you have been notified that you are subject to back-up withholding because of underreporting.) Pennsylvania residents, see page 4 of the Offering Circular for the Right of Withdrawal.

Please print, sign and date below.

_____	_____
SIGNATURE OF PRIMARY AUTHORIZED SIGNER	DATE
_____	_____
SIGNATURE OF ADDITIONAL AUTHORIZED SIGNER (IF APPLICABLE)	DATE