

# DEMAND INVESTMENT Youth Ministry



Mission Investment Fund  
Evangelical Lutheran Church in America  
God's work. Our hands.

## Purchase Application for Congregational Youth Programs

FOR OFFICE USE ONLY

### A. INITIAL INVESTMENT SPECIFICATIONS

We are applying for a DEMAND INVESTMENT Youth Ministry account. Minimum initial investment amount is \$100. Make check payable to the Mission Investment Fund. Please mail check and this completed original Purchase Application to MISSION INVESTMENT FUND, P. O. Box 31070, Chicago, IL 60631-0070.

INITIAL INVESTMENT AMOUNT ENCLOSED \$ \_\_\_\_\_  TRANSFER \$ \_\_\_\_\_ FROM EXISTING MIF ACCOUNT NUMBER \_\_\_\_\_

#### OPTIONS FOR ADDITIONS TO PRINCIPAL (DIRECT DEPOSIT)

By CHECK OR WIRE TRANSFER: Additional investments by check should be sent to MISSION INVESTMENT FUND, P.O. Box 31070, Chicago, IL 60631-0070.

Include your DEMAND INVESTMENT account number on the check and a deposit slip. To wire additional investments, please call the Mission Investment Fund for instructions at (877) 886-3522.

For AUTOMATIC TRANSFERS from your Checking or Savings Account on a monthly basis, please provide the information below and attach a voided blank check.

NAME(S) OF ACCOUNT HOLDER(S) \_\_\_\_\_ YOUR ACCOUNT NUMBER \_\_\_\_\_

DESIGNATED BANK NAME \_\_\_\_\_ BANK ROUTING NUMBER \_\_\_\_\_

BANK STREET ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  CHECKING ACCOUNT  SAVINGS ACCOUNT

I/we wish to invest \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month. I/we hereby authorize the Mission Investment Fund (MIF) to initiate debit entries to my/our checking or savings account at the depository named. This authorization will remain in force until I/we have notified MIF in writing to cancel it, and have given MIF sufficient time to act upon the termination.

### B. ACCOUNT CERTIFICATION

We are a U.S. congregation or ELCA-related ministry.

We have additional investment(s) with the Mission Investment Fund.  Yes  No

We confirm receipt of the current Offering Circular of the Mission Investment Fund of the ELCA, which includes the complete terms and conditions of the Mission Investments being purchased. Pennsylvania residents, see page 4 of the Offering Circular for the Right of Withdrawal. Pennsylvania residents, see page 4 of the Offering Circular for the Right of Withdrawal.

**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.) **Signed instructions from any one of the persons designated as owner-signatories for an investment will be honored by MIF.**

### C. ACCOUNT OWNERSHIP

NAME of Congregation, Synod or ELCA-Related Ministry \_\_\_\_\_ TAX ID # \_\_\_\_\_ CONGREGATION ID # \_\_\_\_\_

STREET \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

### D. AUTHORIZED SIGNERS

Authorized signers for the above-named congregation, synod or ELCA-related ministry. All information for each signer is required.

1. NAME (Printed) \_\_\_\_\_ SIGNATURE OF AUTHORIZED SIGNER \_\_\_\_\_

BIRTH DATE (MM/DD/YY) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

STREET \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

2. NAME (Printed) \_\_\_\_\_ SIGNATURE OF AUTHORIZED SIGNER \_\_\_\_\_

BIRTH DATE (MM/DD/YY) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

STREET \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

UMB Bank, n.a., complies with Section 326 of the USA Bank Patriot Act, which requires it to verify certain information about the checkwriting applicants while processing their information.



## Certification of Ministry Management

This form must be completed by an individual with significant responsibility for managing the congregation or ministry as set forth by the congregation's or ministry's governing documents, such as a Senior Pastor, Church Council President, Executive Director, Treasurer, or other individual who regularly performs similar functions. This person may also be, but does not have to be, an Authorized Signer. (This form does not automatically establish this individual as an authorized signer. Please use the Authorized Signer form for that purpose.)

\_\_\_\_\_  
 Name of Congregation or ELCA-related Ministry Congregation ID Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State ZIP

Federal law requires us to obtain, verify, and record information about key individuals who control our congregation and ministry customers. Only one individual should be identified for each congregation/ministry.

\_\_\_\_\_  
 Name of Control Party (printed) Date of Birth Social Security Number

\_\_\_\_\_  
 Home Address City, State ZIP Phone Number Email Address

I hereby certify to the best of my knowledge that the information provided above is complete and correct.

If at any time the above information changes, the congregation/ministry agrees to provide the Mission Investment Fund with updated information using this form.

\_\_\_\_\_  
 Signature Title Date

This form will supersede any prior versions of the form previously submitted to Mission Investment Fund.

## DEMAND INVESTMENT ACCOUNT CHECKWRITING AGREEMENT:

“I” refers to all applicants whether one or more. “MIF” refers to the Mission Investment Fund of the Evangelical Lutheran Church in America.

I certify that my signature appearing in Section D – Signature represents my legal signature, and I guarantee the genuineness of all other signatures appearing in this Section. UMB Bank, n.a., or its bank affiliates (collectively, the “Bank”) and any of their successors are authorized to recognize such signature in the payment of checks and other instruments (“Checks”) against the DEMAND INVESTMENT Account with any one of the signatures appearing in Section D – Signature, standing alone, being sufficient.

The signatures appearing in this section authorize the redemption of funds through checkwriting. The signatory(ies) further agree(s) to be bound to the terms and conditions for checkwriting (the “Terms”) contained herein, the checkwriting rules accompanying the account certification letter, the charges set forth in the current Offering Circular for each MIF DEMAND INVESTMENT Account, and by any other agreement governing the DEMAND INVESTMENT Account as may be amended and in effect from time to time. Each signatory agrees to be bound by amendments to the Terms, checkwriting rules, charges set forth in MIF’s Offering Circular, and any other agreement governing the DEMAND INVESTMENT Account made by the Bank or MIF when notices of such changes are received. I understand that MIF’s approval of my DEMAND INVESTMENT With Check Writing Account Application is subject to verification and investigation and that the DEMAND INVESTMENT Account is not an FDIC-insured bank deposit account.

By this action, the Bank is hereby appointed agent by the person(s) signing Section D – Signature (the “Investor”) and as agent is authorized and directed upon presentation of Checks to the Bank to transmit such Checks to MIF as requests to redeem amounts invested in the DEMAND INVESTMENT Account. The Investor agrees that the Bank may honor electronic payments to or from the DEMAND INVESTMENT Account as authorized by the Investor, when such payments are processed in accordance with the law and the applicable payment system rules. Additional amounts added to the DEMAND INVESTMENT Account by Check may require seven days’ written notice of an intended redemption and may require that invested funds not be redeemed for up to seven days. The Bank is further authorized to effect redemptions to defray the Bank’s charges relating to this Checkwriting Agreement. The investor agrees that payments made in accordance with this Agreement are governed by the laws, including the Uniform Commercial Code as enacted in the State of Missouri and as amended from time to time. The Investor consents to the jurisdiction of the state or federal courts in Missouri over any dispute or claim arising out of the provision of checkwriting or other payment service under this Agreement. The Investor agrees to examine the statement for the DEMAND INVESTMENT Account promptly. The Investor agrees to report any claim that a check or other payment made from the DEMAND INVESTMENT Account was forged, altered, or otherwise not authorized within thirty (30) days of receipt of the statement first containing a reference to such activity. Failure to notify MIF or the Bank within that time will preclude any claim against MIF and the Bank by reason of any unauthorized or missing signature, alteration, or error of any kind, in the event MIF or the Bank is deemed liable for any unauthorized payment or any failure to honor a stop payment only that has been given, such liability shall not exceed the face amount of the Check or other payment improperly made. The Bank has the right not to honor Checks presented to it; The Bank and MIF have the right to change, modify or terminate the Checkwriting Agreement at any time and the Bank shall be liable only for its own negligence.

## ACCOUNT PROVISIONS

“I” refers to all applicants, whether one or more. “MIF” refers to the Mission Investment Fund of the Evangelical Lutheran Church in America.

### By signing this application, I affirm that:

- I am of legal age and have received a current MIF Offering Circular.
- Prior to receipt of the Offering Circular, I was a member or employee of, contributor to, or other participant in, the Evangelical Lutheran Church in America or in a congregation and related organization of the Evangelical Lutheran Church in America. For Pennsylvania residents only: By signing this application, I acknowledge that I was advised of the right of withdrawal described on page 4 of the MIF Offering Circular.
- I authorize MIF to initiate any correcting debit or credit that may be necessary.
- I understand that MIF reserves the right to assess maintenance fees.

### Additional DEMAND INVESTMENT Account Provisions:

- In authorizing either owner to sign Redemption Checks, I hereby authorize MIF to accept any order of redemption from any DEMAND INVESTMENT Account owner.
- In reference to DEMAND INVESTMENT Accounts, if I request an account that requires two signatures or other special signing provisions, I acknowledge that such a provision is solely for my internal control purposes. The acceptance of an authorized document containing such a requirement does not bind MIF to such a requirement unless a law or court order of which MIF or the Bank has knowledge of requires otherwise. I agree that MIF is not liable for paying an item that is lacking the stated number of signatures, if the item bears one authorized signature.



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## **Funds Availability Policy**

The Mission Investment Fund will consider the day of your deposit to be the business day your deposit is received at our processing facility. The deposit must be received by 3:00 p.m. CST on a business day to be considered received on that day.

### **Your availability to withdraw funds**

The Mission Investment Fund will make the first \$200 of your check deposits available to you on the first business day *after* the day we receive your deposit. The remaining funds will be available on the second business day after the day we receive your deposit. Electronic direct deposits will be available on the day we receive your deposit.

For determining the availability of your deposits, every day is a business day, except Saturdays, Sundays, federal holidays and days we have provided prior notice of closure.

Longer delays may apply. We will notify you if we delay your ability to withdraw funds for any other reasons, and we will tell you when the funds will be available.

### **Longer delays may apply**

Funds you deposit by check may be delayed for a longer period, generally no later than five business days after the day of your deposit. Availability of funds may be delayed for these reasons:

- You are a new customer (first 30 days from account opening).
- You deposit checks totaling more than \$5,000 on any one day.
- We believe a check you deposit will not be paid.
- You redeposit a check that has been returned unpaid.
- You have overdrawn your account repeatedly in the last six months.
- There is a business interruption, such as failure of computer or communications equipment.

We will notify you if we delay your ability to withdraw funds for any of these reasons, and we will tell you when your funds will be available.