

# TERM INVESTMENT Purchase Application



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

I/we apply to purchase the TERM INVESTMENT described below. Complete terms and conditions of the investment are set forth in the current Offering Circular of the Mission Investment Fund of the ELCA. Please print all information clearly and sign below.

FOR OFFICE USE ONLY

- Individual** (complete sections A, B, and D)
- Joint** (complete sections A, B, C and D)
- Congregation, Synod or ELCA-related Ministry** (complete sections A and E)
- Custodial under Uniform Gift to Minors Act** (complete sections A, B, C and D)

## A. INITIAL INVESTMENT AND PAYMENT SPECIFICATIONS

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**.

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

### TERM INVESTMENTS

#### INVESTMENT

TERM INVESTMENT Fixed Rate  
(Minimum investment of \$1,000)

TERM INVESTMENT GRAND Fixed Rate  
(Minimum investment of \$250,000)

#### TERM OF INVESTMENT

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

1 year  2 years  3 years

#### Select how interest is to be paid:

- Reinvest
- Add to existing MIF Account # \_\_\_\_\_
- ACH payment to another account:  Checking  Savings

Bank Name \_\_\_\_\_

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

Bank Routing # \_\_\_\_\_

Bank Account # \_\_\_\_\_

## ACCOUNT CERTIFICATION

I am/we are member(s) of, employee(s) of, contributor(s) to and/or participant(s) in the Evangelical Lutheran Church in America, its congregations or related organizations.

I/we have additional investment(s) with the Mission Investment Fund.  Yes  No

I/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 investments being purchased. Pennsylvania residents, see page 4 of the Offering Circular for the Right of Withdrawal.

I am/we are U.S. citizen(s) or residents.  We are a U.S. congregation or ELCA-related ministry.

**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.**

## B. ACCOUNT OWNERSHIP

OWNER'S NAME (Last, First, Middle Initial) \_\_\_\_\_ BIRTH DATE (MM/DD/YY) \_\_\_\_\_ SOCIAL SECURITY NUMBER/TAX ID # \_\_\_\_\_ EMAIL \_\_\_\_\_

STREET \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ CONGREGATION NAME, CITY, STATE \_\_\_\_\_

## C. JOINT OWNER/CUSTODIAN

JOINT OWNER/CUSTODIAN (Last, First, Middle Initial) \_\_\_\_\_ BIRTH DATE (MM/DD/YY) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ EMAIL \_\_\_\_\_

STREET \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ CONGREGATION NAME, CITY, STATE \_\_\_\_\_

## D. SIGNATURES

SIGNATURE \_\_\_\_\_ PRINT OR TYPE NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PRINT OR TYPE NAME \_\_\_\_\_ DATE \_\_\_\_\_

## E. CONGREGATION, SYNOD OR ELCA-RELATED MINISTRY INVESTMENTS

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

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

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

### 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 \_\_\_\_\_