LUTHERAN CHURCH EXTENSION FUND

Maturing Term Note Form

Please print, sign, date and return this completed form to the address listed at the bottom or email it to **maturity@lcef.org.**

Name _____ Email _____

Account number _____ Maturity date _____

For IRAs only: A withholding election must be selected in order to redeem this note.

1. Withhold federal income tax at a rate of _____% (minimum 10%) from the amount withdrawn.
2. Effective _____, I elect not to have federal income tax withheld. I understand that I am still liable for the payment of federal income tax on the amount received. I also understand that I may be subject to federal income tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are insufficient.

1. Reinstate

Ohio, Oregon, Vermont and Washington ONLY

____ Reinstate the balance of this LCEF note for the same term.

2. Exchange

____ Withdraw $_____(send check) and reinvest the balance for the term selected below.

____ Transfer $_____ to my LCEF account #_____ and reinvest the balance for the term selected below.

TERM NOTE OPTIONS:

Fixed-Rate Terms

____ 6 months ____ 18 months ____ 1 year ____ 2 years

____ 3 years ____ 4 years ____ 5 years

Floating-Rate Terms

____ 30 months

____ 60 months

Jumbo Fixed-Rate

____ 5 years ($100,000 minimum)

3. Redeem

Accounts with multi-signer restrictions require both signatures.

____ Transfer the entire balance to our existing LCEF investment # _____

____ Mail check to the address listed on my account.

____ Redeem and wire the proceeds, minus the wire fee, to the financial institution listed below. Please visit **lcef.org/forms** to view the current fee schedule.

Institution name _____ ____ Checking ____ Savings

Routing number _____ Account number _____

Name/Title on receiving bank account _____

Address of recipient _____

Reason for Redemption

Please select one of the following.

____ Financial need ____ Medical ____ Purchase/Improve home ____ Interest rate

____ Preferred product at other financial institution ____ Other: _____

X _____
Signature Phone Date

X _____
Signature Phone Date