



Business/Organization *MyAccount* Application

MyAccount is a service of the Lutheran Church Extension Fund (LCEF), providing online access to your business or organization's investments and loans. Upon setup, the applicant authorized and empowered by the business or organization to act on its behalf will be granted access privileges as indicated on page two of this application and issued a *MyAccount* User Name and Temporary Password.

MyAccount Certification

I, _____, _____
(Name of Officer/Partner) (Title)

_____ and the applicant named on page
(Name of Business/Organization)

two hereby certify that:

- The business/organization identified above is duly organized, existing under the laws of the state of its domicile, and that as such has authorized me to make this certification on its behalf.
- I understand that the applicant must be an existing authorized signer on all investment accounts listed on page two to be granted full access privileges.
- I understand that the individual authorized to use *MyAccount* on behalf of our business or organization will have the ability to see balances, make transactions, and view statements for investment accounts.
- I understand that the individual authorized to use *MyAccount* on behalf of our business or organization will have the ability to see loan balances and history and may have the ability to make loan payments.
- I authorize LCEF to accept any and all transaction requests initiated on behalf of the business or organization through the *MyAccount* service.
- I authorize LCEF to initiate any correcting debit or credit that may be necessary.
- I understand that our business or organization must notify LCEF immediately if the applicant is no longer authorized to act on its behalf.
- I understand that this agreement remains in effect until LCEF receives written notice of its revocation and LCEF has had an opportunity to act upon the notice.
- I understand a new *MyAccount* application must be completed if any new person is to be duly authorized and empowered to use the *MyAccount* service on behalf of our business or organization.

Officer/Partner Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Business/Organization Details

PLEASE PRINT:

Business/Organization Name: _____
Street Address: _____
City, State, ZIP: _____
Business Phone: _____
Email: _____

Type of User and Access

New Online User Current Online User
 Full Access Full Access
 Inquiry-Only Access Inquiry-Only Access
(Inquiry-only access will be granted for accounts with multiple-signer restrictions.)

Investment and Loan Account Numbers

Applicant Details

PLEASE PRINT:

Applicant Name: _____
Street Address: _____
City, State, ZIP: _____
Social Security Number: _____ Cell Phone Number: _____
Home Phone Number: _____ Work Phone Number: _____
Date of Birth: _____ Mother's Maiden Name: _____
Email: _____

NEW User Name Selection

(User Name length must be at least six characters; maximum 20.)

_____ *First Choice* _____ *Second Choice* _____ *Third Choice*



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