

ELECTRONIC BANK TRANSFER ENROLLMENT FORM

(For transfers to and/or from your investment account at MCIF and your bank account)

| NAME: | |
|---|---|
| ADDRESS: | |
| PHONE NUMBER: | |
| ☐ Initial (one-time) transfer from yo | our bank account to open investment at MCIF |
| Investment amount: | |
| ☐ Recurring transfer from your inve | stment at MCIF to your bank account |
| Investment No | |
| ☐ For interest payments | |
| ☐ For partial or total redemp | otions from your investment at MCIF |
| Amount: (fo | r partial redemptions) |
| ACCOUNT INFORMATION: | |
| BANK NAME: | |
| TYPE OF ACCOUNT: ☐ Checking | Routing: |
| ☐ Savings | Account: |
| • | are authorizing Missionary Church Investment Foundation our account (and if necessary electronically debit or credit you redits). |
| Your authorization will continue until you at (260) 747-2027 or P.O. Box 9127, Fort | u change or cancel it. To change or cancel, please notify MCIF Wayne, IN 46899. |
| AUTHORIZED SIGNATURE | DATE |