

AUTHORIZATION FOR REDEMPTION

This form is not valid for retirement accounts



PO Box 19700, Irvine, CA 92623-9700

Fax: 866.303.9360

OWNER

(MY INFORMATION HAS CHANGED, PLEASE UPDATE)

| | | | |
|------------------------------|---------------|-------|-----|
| Name (First/Mi/Last) | Address | | |
| Organization (If applicable) | City | State | Zip |
| Social Security Number (TIN) | Email Address | | |
| Date of Birth | Phone | | |

REDEMPTION INFORMATION

| | |
|-------------------|-----------------|
| Investment Number | Redemption Date |
|-------------------|-----------------|

Please make a redemption in the amount of \$ _____ ☐ This redemption will close my investment

RECURRING REDEMPTION

☐ I would like to establish a recurring redemption (*Payment method must be External Account ACH*)
I desire to have Church Development Fund, Inc. (CDF) deposit funds into my account at the bank named below. Such investments shall be credited as if I had personally made the investment. This authorization shall remain in effect until I notify CDF that I wish to end this agreement, which I may do at any time with a minimum of thirty days prior written notice.

☐ Interest ☐ Monthly ☐ Quarterly ☐ Fixed Amount \$ _____

Transactions are made on the first business day of each month. A record of redemptions will be included in the investor's quarterly statement, sent by CDF.

PAYMENT METHOD

☐ **Check** Make payable to _____

☐ **Internal CDF Account** Account Number _____

☐ **External Account ACH** Bank Name _____ Type (e.g. checking, savings) _____
(Please include voided check) Routing Number _____ Account Number _____

☐ **Wire** (\$25 CDF Fee, additional bank or international fees may apply)

SIGNATURE

I desire to make a redemption from my Church Development Fund, Inc. (CDF) account. I certify that all of the information provided by me is accurate and may be relied upon by CDF. I understand withdrawing funds from a termed account may incur an early withdrawal penalty of interest and a \$10 fee will be charged to my CDF investment for any transfer which is incomplete for incorrect payment information.

| | |
|----------------------------|--------------|
| SIGNATURE OF ACCOUNT OWNER | TODAY'S DATE |
| SIGNATURE OF CO-OWNER | TODAY'S DATE |

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