

**CERTIFICATE OF EXISTENCE OF TRUST and AUTHORITY TO ACT**



**CHURCH EXTENSION FUND, INC. (CEF)**  
**Central Illinois District - LCMS (CID)**  
TELEPHONE: (217) 793-1802 FAX: (217) 793-9454  
EMAIL: cef@cidlcms.org [www.cid-cef.org](http://www.cid-cef.org)

*This Trust Certification is to be used ONLY if investments are to be registered in the name of a Trust and is given to the Central Illinois District Church Extension Fund, Inc. (CID-CEF) with respect to all investments established for the following Trust:*

**Name of Trust:** \_\_\_\_\_

**Date of Trust:** \_\_\_\_\_ **Date of Last Amendment (indicate if none):** \_\_\_\_\_

**Trust is:**  **Irrevocable - Provide TIN # of Trust:** \_\_\_\_\_

**Revocable - Provide Grantor SS# or Trust TIN #:** \_\_\_\_\_ (used for reporting interest to IRS)

**Name(s) of Grantor(s):** \_\_\_\_\_

**Trustee Information and Certifications:**

**If there is more than one Trustee, the Trustees (must check one):**

**May act separately**

**Must act jointly**

**The undersigned Trustee(s) and, if the Trust is revocable, the above-referenced Grantor(s) if available, hereby certify(ies) to the CID-CEF that:**

- The information on this form is correct.
- The undersigned Trustee(s) is (are) all of the duly authorized and acting Trustee(s) of this Trust.
- The undersigned Trustee(s) has (have) power under the Trust and the applicable law to enter into transactions and issue instructions to the CID-CEF concerning the Trust.
- Any and all transactions effected and instructions given will be in full compliance with the Trust.
- CID-CEF will be informed in writing of any changes in the composition of the Trustees, or any other event which could alter these certifications.
- CID-CEF is indemnified, jointly and severally, and held harmless, from any liability for effecting transactions pursuant to the instructions given by any of the then acting Trustees so identified on this form.
- CID-CEF is indemnified from all costs (including attorney fees) incurred as a result of reliance by CID-CEF on this certification or any instructions from the Trustee(s).
- CID-CEF has not been provided with a copy of the Trust instrument, and further, the Trustee(s) agree(s) that CID-CEF will have no responsibility to examine the Trust document or to ensure the proper application of the Trust assets in accordance with the Trust instrument.
- Assets transferred to the Trust shall be titled in the name of " \_\_\_\_\_ ."
- If this Trust is revocable, the person holding power to revoke is \_\_\_\_\_.
- If this Trust is amendable, the person holding the power to amend is \_\_\_\_\_.

**Under penalties of perjury, I certify that:**

1. The Social Security or Tax Identification Number shown is correct.
2. I am either exempt from withholding or otherwise not subject to backup withholding. The IRS has not notified me that part of my dividend and interest is to be withheld as a result of my failure to report all dividend and interest income. (Please draw an "X" through this paragraph and initial if you ARE subject to backup withholding.)
3. I am a U.S. person (including a U.S. resident alien).

**Note:** Due to Internal Revenue Service regulations, CID-CEF cannot record your investment until your Taxpayer Identification Number is provided. The IRS does not require your consent to any provisions of this application other than the certifications required to avoid backup withholding.

**Signatures (additional Trustee information to be provided on page 2):**

\_\_\_\_\_  
Grantor (Revocable Trust) Date Grantor (Revocable Trust) Date

\_\_\_\_\_  
Trustee Date Trustee Date

\_\_\_\_\_  
Trustee Date Trustee Date

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Name of Trust: \_\_\_\_\_

***Current Trustee(s):***

Name _____	Address _____ _____ _____
Name _____	Address _____ _____ _____
Name _____	Address _____ _____ _____
Name _____	Address _____ _____ _____

***Successor Trustee(s):***

Name _____	Address _____ _____ _____
Name _____	Address _____ _____ _____