Start entering information by clicking to the right of 'Date'. Then use TAB to move to the next field. Press ENTER after last information is entered and before printing.

Church Extension Fund

Alberta British Columbia District – Lutheran Church – Canada
7100 Ada Blvd, Edmonton, Alberta T5B 4E4
Phone: 780-474-0063 Fax: 780-477-9829
Toll Free: 1-888-474-0063

INVESTMENT CHANGE FORM

Date: _____ Account Number: _____

Change in Account Owners:

Sole owner _____
Last Name First Initial Social Ins. Number Birth Date (YYYY/MM/DD)

Or

Joint owners _____
Last Name First Initial Social Ins. Number Birth date (YYYY/MM/DD)

_____
Last Name First Initial Social Ins. Number birth Date (YYYY/MM/DD)

As joint owner with right of surviorship, either party can make withdrawals.

Change in Terms:

Account # _____

From _____ to _____
(term) (term)

Reissue Date _____ Maturity Date _____

(If joint owners, both signatures required)

Please print on printer, sign, and send to CEF Office.

_____ _____
(Signature) (Printed Name)

_____ _____
(Signature) (Printed Name)

Address:

_____
Street City Province Postal Code