



Christian Investors Financial
 901 East 78th Street, PO Box 20759
 Minneapolis, MN 55420-0759
www.ChristianInvestors.org

ELECTRONIC TRANSFER REQUEST

I (we) hereby authorize Christian Investors Financial® CIF to initiate a one-time transfer in the amount of \$_____ on or about _____, 20__ via Automatic Clearing House (ACH) from my financial institution account shown below to CIF to:

_____ fund a new Investment Certificate (include completed Subscription Agreement), or

_____ add to my existing Investment Certificate # _____.

I authorize CIF to take corrective action in the event of an erroneous credit or debit to or from my Financial Institution Account, and agree to provide written notice of any change or modification of this authorization, and agree to allow CIF a reasonable amount of time to act upon such change or modification request. If signing on behalf of a corporation or other entity, I certify that I am an authorized signer on the financial institution account identified below and agree to be bound to the requirements of the NACHA Operating Rules as they pertain to ACH transfers initiated by CIF.

PLEASE COMPLETE THE FINANCIAL INSTITUTION ACCOUNT INFORMATION SECTION BELOW AND ATTACH A VOIDED CHECK.

FOR INDIVIDUALS AND JOINT TENANTS:

FOR TRUSTS, CORPORATIONS & PARTNERSHIPS*:

 Signature of Primary Owner/UTMA Custodian Date

 Print Name and Title of Authorized Representative Date

 Signature of Secondary Owner (if any) Date

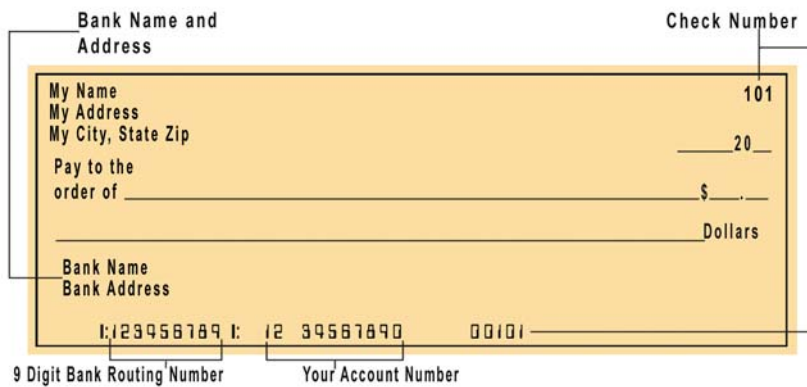
 Signature of Authorized Representative Date

FINANCIAL INSTITUTION ACCOUNT INFORMATION You must also complete the financial institution account information below and attach a voided check or savings withdrawal slip to enroll in this service.

Account Name(s) _____ Account Number _____

Name of Institution _____ Routing Number of Institution _____

Type of Account: Checking Savings



PLEASE ATTACH A VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP FOR YOUR ACCOUNT HERE.