



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

AUTOMATIC INVESTMENT FORM

ACCOUNT HOLDER INFORMATION

Name _____ Signature _____ Telephone Number _____
 Name _____ Signature _____ E-Mail Address _____
 Street _____ Apartment Number _____
 City and State _____ Zip Code _____

CERTIFICATE INSTRUCTIONS

- Establish a new automatic investment to my existing Demand Certificate # _____
- Open a new Demand Certificate (Subscription Agreement attached)
- Change the automatic investment option to my existing Demand Certificate # _____
- Terminate my automatic investment option to my existing Demand Certificate # _____

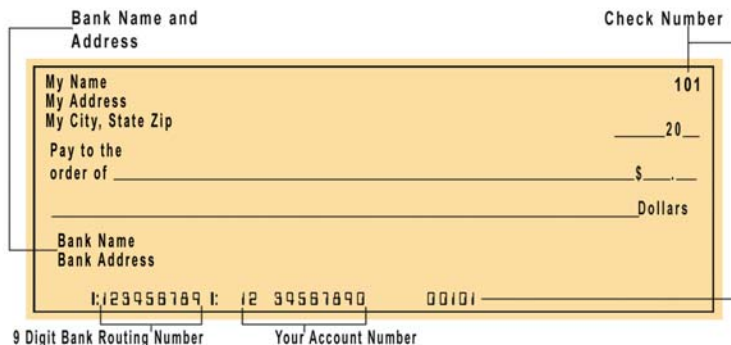
AUTOMATIC INVESTMENT INSTRUCTIONS By completing this section of the form you (a) agree to establish or change an automatic monthly investment in your Demand Certificate referenced above, (b) authorize Christian Investors Financial® (CIF) to transfer the amounts shown on each day of the month listed below from your financial institution account to your Demand Certificate, (c) authorize CIF to take corrective action in the event of an erroneous credit or debit to or from your financial institution account, (d) agree to provide CIF at least 30 days' written notice of any change or modification of this authorization, and (e) if signing on behalf of a corporation or other entity, certify that you are an authorized signer on the financial institution account identified below and agree to be bound by the requirements of the NACHA Operating Rules as they pertain to ACH transfers initiated by CIF.

\$ _____ Amount of Monthly Transfer (\$25 minimum)
 _____ Date(s) of the month (when the date falls on a weekend or holiday the transfer will occur on the next business date)
 _____ Desired Starting Month

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.