



CHURCH
EXTENSION
FUND

ALBERTA | BRITISH COLUMBIA DISTRICT

Account Ownership Change

7100 Ada Blvd. NW Edmonton, AB T5B 4E4

Ph: 780-474-0063 Toll Free 1-888-474-0063 or Fax 780-477-9829

Email: cef@lccabc.ca

STEP 1: Current Account Ownership

Account Number _____

This account is currently: (choose one, please print)

Sole Owner: _____

Joint Owner with Right of Survivorship _____

In Trust _____

Organization _____

STEP 2: New Account Ownership

Please change the account to: (choose one, please print)

Sole Owner: _____

Joint Owner with Right of Survivorship _____

(If joint owner has not completed the CEF Customer Information Form Please do so)

Joint Owner with Right of Survivorship _____

(If joint owner has not completed the CEF Customer Information Form Please do so)

Joint Owner with Right of Survivorship _____

(If joint owner has not completed the CEF Customer Information Form Please do so)

In Trust: _____

Organization: _____

STEP 3: Authorization

The *current owner(s)* must all sign below, authorizing the change in ownership of the account

Name	Signature	Date
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Name	Signature	Date
------	-----------	------

Name	Signature	Date
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The *new owner(s)* must all sign below, authorizing the change in ownership of the account.

Name	Signature	Date
------	-----------	------

Name	Signature	Date
------	-----------	------

Name	Signature	Date
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If necessary please complete CEF Customer Information form (if new customer) we require address, social insurance number and birthdate of all new investors even if underage child.

PRIVACY POLICY

In compliance with privacy legislation, we need to obtain your consent before collecting, using or disclosing your personal information.

We require the information on the application form so that we can account to you and provide you with reports respective to your investments in Church Extension Fund.

Please note that we will not disclose any personal information to anyone other than:

- where permitted or required by law or court order (for example, we may disclose your Social Insurance Number as required by the Income Tax Act to prepare tax slips); or
- to a public authority, to aid in an investigation, or where an imminent danger could be avoided by disclosing the information.

Rest assured that your personal information will remain confidential.

You have the right to access, verify and amend the personal information with us. To amend your personal information, or if you have any questions or concerns, please call us at (780) 474-0063 or toll free at 1-888-474-

You may withdraw or vary this consent at any time by giving us notice at the address at the top of the first page, such notice to be effective on the day following receipt.

By signing this application you are consenting to the disclosure of your personal information as described above.