



Individual Investment Application

CHECK IF AN EXISTING RELATIONSHIP

Section I: Applicant and Ownership Information <i>(ALL information is required)</i>					
Date:			Account Number:		
Primary Applicant's Full Name			Joint Applicant (if applicable)		
Address			City, State, Zip		
SSN	Date of Birth	Primary Phone	SSN	Date of Birth	Primary Phone
Alternate Phone	E-mail Address		Alternate Phone	Email Address	
Name of Church/Methodist Relationship			Location of Church/Methodist Relationship		

Section II: Optional Ownership Structures		
<i>Individual investors may select one of the following additional ownership options. If you do not select one, the Certificate will be issued solely to the primary applicant listed above.</i>		
<p>Joint Tenants with Right of Survivorship</p> <p>The Certificate will be issued to the Primary and Joint Applicant as joint tenants with right of survivorship. Under this arrangement, consent of either owner alone will be sufficient to redeem the Certificate, transfer it, or take any action requiring consent of the Certificate holder.</p> <p>_____</p> <p>Joint Applicant's Full Name</p> <p>_____</p> <p>SSN</p> <p>_____</p> <p>Date of Birth</p> <p>_____</p>	<p>Revocable Trust</p> <p>The Certificate will be issued to the Primary Applicant* as trustee(s) of the following trust:</p> <p>_____</p> <p>Name of Trust (including date)</p> <p>_____</p> <p>Trust EIN</p> <p>*If the trust has more than one trustee*: identify all trustees on the Primary Applicant's name line above, and select one of the following:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Fewer than all trustees MAY NOT exercise trust powers.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Fewer than all trustees MAY exercise trust powers. Please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>VUTMA</p> <p>The Certificate will be issued to the Primary Applicant as custodian for the "Minor" identified below under Virginia Uniform Transfers to Minors Act (VUTMA). This election will be irrevocable and the Certificate will become the unrestricted property of the Minor when the Minor reaches the age of 21. We recommend contacting an attorney for more information about VUTMA.</p> <p>_____</p> <p>Minor's Full Name</p> <p>_____</p> <p>SSN</p> <p>_____</p> <p>Date of Birth</p> <p>_____</p>

Section III: Investment Details/Payment Options					
Investment Certificates (\$1,000 minimum investment)			Savings Certificates:		
6 Month	\$	12 Month	\$	(\$1,000 minimum) Individual	\$
24 Month	\$	36 Month	\$	Reserve	\$
48 Month	\$	60 Month	\$		\$
Please make the check payable to Virginia United Methodist Development Company, LLC. If electing EFT, please submit a completed EFT Form.					
TOTAL AMOUNT OF ALL INVESTMENTS				\$ _____	
Quarterly interest payment options: (choose one)	<input type="checkbox"/> Reinvest interest in Certificate # _____		<input type="checkbox"/> By check	<input type="checkbox"/> EFT (Attach EFT form if needed)	
	<input type="checkbox"/> Zero Interest (to provide additional support to the Fund, no interest is earned)				

Section IV: Signatures			
<i>Virginia United Methodist Development Company, LLC will not process your Investment Application until you have completed Sections I, II and III, and signed below. This Investment Application includes the terms and conditions printed below. By signing below, you agree to the terms and conditions set forth on this application. By signing below, you agree to terms and conditions set forth on this application.</i>			
Primary Applicant's Signature	Date	Joint Applicant's Signature (if applicable)	Date



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Section V: Transfer on Death

- Primary Beneficiary:** Checking this box authorizes the Fund to transfer ownership of, and pay principal and interest on your Certificate, when due in accordance with terms of the Certificate, to the indicated individual beneficiary or the 501(c)(3) tax-exempt organization after your death (subject to your agreements in paragraph 7 of Section VI below).
- Multiple/Contingent Beneficiaries:** Checking this box, authorizes the Fund to transfer ownership of, and pay principal and interest on your Certificate, when due in accordance with terms of the Certificate, to the indicated multiple and/or contingent beneficiaries, in the event the primary beneficiary listed on this application predeceases you or no longer functions as a 501(c)(3) organization with a purpose consistent with your intended donation. Complete and forward the Beneficiary Designation Form to Virginia United Methodist Development Company, LLC.
- Custodian:** Checking this box, you may name a successor custodian to replace the custodian upon death of named custodian; if the Certificate has been purchased under VUTMA.

Name of primary beneficiary/tax-exempt organization/custodian

Address

Social Security Number/EIN

City, State and Zip

Contact Information

Relationship

Date of Birth

Section VI: Spousal Consent

If you have completed Section V, you authorize the Fund to transfer ownership of, and pay outstanding principal and interest on your Certificate, when due in accordance with terms of the Certificate, to the indicated beneficiary after your death. With regard to a donation, you acknowledge it is advisory only and the Fund may refuse to honor your request. If, at your death, the tax-exempt organization you identified in Section V no longer functions as a qualified 501(c)(3) organization with a purpose consistent with your intended donation, you authorize the Fund to designate another tax-exempt organization to receive your donation. You may change or revoke any beneficiary designation in Section V, in writing, at any time. A beneficiary designation and this Investment Application shall be binding on your heirs, beneficiaries and legal representatives. **In addition, you represent either (i) you are unmarried or (ii) your spouse has signed either this Investment Application as an Applicant, or the following Spousal Consent:** I am the spouse of the Primary Applicant or Joint Applicant identified in Section I of this Investment Application. I give to my spouse any interest I have in the funds to be invested in the Certificate(s) applied for in this Investment Application. I agree to my spouse naming a beneficiary other than myself. I acknowledge I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I shall have no claim(s) against Virginia United Methodist Development Company, LLC or any beneficiary designated under this Investment Application for any payment made to the beneficiary.

Signature of spouse of Primary Applicant (if applicable)

Date

Signature of spouse of Joint Applicant (if applicable)

Date

Section VII: Representation and Agreement

BY SIGNING THIS INVESTMENT APPLICATION, YOU REPRESENT AND AGREE TO THE FOLLOWING:

1. **Terms of Certificate:** You agree to purchase the Certificate indicated in this Investment Application. You understand and agree the Certificate is subject to terms and conditions set forth herein and in the Fund's "Offering Circular" in effect as of the date of this Investment Application. If you elected "Zero Interest" in Section III, you agree your Certificate will not earn any interest. You agree you have received and been encouraged to read the Offering Circular. You agree you have had the opportunity to ask questions and receive answers about the Offering Circular, the Fund, and your investment.
2. **Investor Eligibility:** You are qualified as an investor in the Certificates of Virginia United Methodist Development Company, LLC (the "Fund") because you are (or my relative is) a constituent of, participant in, supporter of, volunteer with, and/or contributor to the Fund, the United Methodist Church, the Virginia Annual Conference of the United Methodist Church or any affiliated agencies, ministries, schools, living facilities, or other organizations.
3. **Investor Qualification:** You are qualified as an eligible investor as described in Section I and in the Offering Circular, and are domiciled in the Commonwealth of Virginia. If a Certificate is being purchased for joint ownership, each applicant must meet the investor eligibility standards set forth in Section I.
4. **Legal Capacity:** You have legal capacity to acquire and hold the Certificates and execute, deliver, and comply with the terms and conditions of the investment (set forth herein and in the Offering Circular).
5. **Acceptance or Rejection of Investment:** You understand this application represents an offer to purchase a Certificate and the Fund may accept or reject, in whole or in part, your offer to purchase, for any reason.
6. **Liability of Joint Applicants:** If a Certificate is being purchased for joint ownership, the Primary Applicant and Joint Applicant must sign this Investment Application. In this case, "you" shall refer to both applicants. The Primary Applicant and Joint Applicant shall be jointly and severally liable under this Investment Application. The Fund is authorized to act upon the instructions and directions of either applicant in all matters, including redemption requests.
7. **Certification of Revocable Trust:** If a Certificate is being purchased for ownership in revocable trust, each settlor identified as a Primary Applicant must sign this Investment Application. In this case, "you" shall refer to all settlors of the trust. By signing this Investment Application, you certify the trust powers may be exercised as indicated in Section II, and the trust identified in Section II has not been revoked, modified, or amended in any manner that would cause this Certification of Revocable Trust to be incorrect.
8. **Withholding Certification:** By signing this Investment Application and under penalties of perjury, you certify:
 - a) Each Social Security or Federal Identification Number provided in Section I is correct.
 - b) You are exempt from withholding or not subject to backup withholding. The IRS has not notified you that any part of dividends and interests are to be withheld as a result of your failure to report all dividend and interest income.
 - c) For You are a U.S. Person for federal tax purposes (including a U.S. Citizen or a U.S. resident alien).
Draw an "X" through this paragraph if you ARE subject to backup withholding.

Signature of spouse of Primary Applicant (if applicable)

Date

Signature of spouse of Joint Applicant (if applicable)

Date

**Please return this application and if investing by check,
make the check payable to Virginia United Methodist Development Company, LLC.
If electing EFT, please submit a completed EFT form along with a copy of a voided check with the application.**