



Transaction / Change Directive

| For Office Use Only | | | |
|--------------------------------|--------------------------------|-----------------------------------|--|
| Date _____ | Request taken by _____ | | |
| Phone <input type="checkbox"/> | Email <input type="checkbox"/> | Mail/Fax <input type="checkbox"/> | |

Section I: Account Information

| | | |
|------------------------|-------------------------|--------------------------------|
| Primary Applicant | | Secondary Applicant (if Joint) |
| () | | |
| Primary Contact Number | Requested Effected Date | E-mail Address |
| Account Number | Certificate Number | Reason for Change Request |

Section II: Transaction

| | | |
|---|---|---|
| Transaction Request | <input type="checkbox"/> Deposit \$ _____ <input type="checkbox"/> by Check # _____ <input type="checkbox"/> By EFT | <input type="checkbox"/> Withdrawal \$ _____ <input type="checkbox"/> by Check <input type="checkbox"/> By EFT on File <input type="checkbox"/> One-time EFT |
| | Comments / Special Instructions _____ _____ _____ | |
| Account Change Request | <input type="checkbox"/> Contact information/Address change <input type="checkbox"/> Beneficiary change (please fill out and attach the Beneficiary Designation Form) Contact Name : _____ ALT/Phone Number : _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ | |
| Certificate Renewal Change Request | <input type="checkbox"/> Upon Maturity, Renew Certificate # _____ for a term of _____ Months <input type="checkbox"/> Upon Maturity, DO NOT Redeem Certificate # _____ | |
| Change Request Transaction | <input type="checkbox"/> Interest payment change (<i>Change how interest payments are remitted</i>) <input type="checkbox"/> Reinvest in Certificate # _____ <input type="checkbox"/> Paid by check <input type="checkbox"/> Paid by electronic funds transfer (EFT) | |

ONE TIME EFT TRANSFER PLEASE ATTACH A VOIDED CHECK

| |
|---|
| Name on Bank Account |
| Bank Name _____ Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking |
| ABA/TRN # _____ Account # _____ |

Section III: Signatures

Virginia United Methodist Development Company, LLC will not process your Transaction/Change Request unless the form is completed and signed below. Please refer to your Offering Circular for any questions regarding the Virginia United Methodist Development Company, LLC operational procedures. By signing below, you agree to the terms and conditions set forth on your original Investment Application.

| | | | |
|-------------------------------------|------------|--|------------|
| Primary Applicant's Signature _____ | Date _____ | Joint Applicant or Additional Trustee's Signature (if necessary) _____ | Date _____ |
|-------------------------------------|------------|--|------------|

*Please return this form to Virginia United Methodist Development Company.
If investing by check, please make the check payable to Virginia United Methodist Development Company, LLC.*