



CHECK IF AN EXISTING RELATIONSHIP

**Section I: Applicant and Ownership Information** (ALL information is required)

Date: _____		Account Number: _____	
Name of Church/Organization _____		Mailing Address _____	
Account/Trade Name _____		City, State, Zip _____	
EIN _____	Phone Number _____	E-mail Address/Website _____	

**Investor Eligibility.** Please CHECK the box below if the organization meets the investor eligibility standards set forth below:

I affirm the organization is domiciled in Virginia and qualifies as an investor in the Certificates of Virginia United Methodist Development Company, LLC, (the "Fund") because it 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 of their affiliated agencies, ministries, schools, living facilities, or other organizations.

*\*Trust Ownership Structure.* If you are investing through a trust, please contact the Development Company.

**Section II: Investment Details**

(\$1,000 minimum investment per certificate)

Investment Certificates:				Savings Certificates:	
6 Month	\$	12 Month	\$	Congregational	\$
24 Month	\$	36 Month	\$		\$
48 Month	\$	60 Month	\$		\$

**TOTAL AMOUNT OF ALL INVESTMENTS** \$ \_\_\_\_\_

<b>Investment Certificates Only:</b> <b>Quarterly interest payment options:</b> (choose one)	<input type="checkbox"/> Reinvest interest in Certificate # _____	<input type="checkbox"/> 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)		

Please make the check payable to **Virginia United Methodist Development Company, LLC**. If electing EFT, please submit a completed EFT Form.

**Section III: Contacts**

Name of Primary Contact _____ Title _____  Signature of Primary Contact _____ Date _____  Primary Contact preferred contact method (please check): Email: _____ Phone: _____ Address: _____	Name of Secondary Contact _____ Title _____  Signature of Secondary Contact _____ Date _____  Secondary Contact preferred contact method (please check): Email: _____ Phone: _____ Address: _____
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**Section IV: Special Instructions**




## Section V: 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 II, 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 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.
- 3. Authority of Organization:** You have been duly authorized to purchase the Certificate indicated in this Investment Application, and the individual signing this Investment Application has been authorized to sign it on behalf of the investor.
- 4. 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.
- 5. Certification of Trust.** If a Certificate is being purchased for ownership in trust, each trustee identified as a Primary Applicant must sign this Investment Application. "You" shall refer to all trustees. By signing this Investment Application, you certify the trust powers may be exercised as indicated in Section I, and the trust identified in Section I has not been revoked, modified, or amended in any manner that would cause this Certification of Trust to be incorrect.
- 6. Withholding Certification:** By signing this Investment Application and under penalties of perjury, you certify:
  - a) The Employer Identification Number listed under your name in Section I of this Investment Application is correct.
  - b) For federal tax purposes, the organization is a U.S. Person, including a partnership, corporation, company, or association created or organized in the U.S. or under U.S. laws.

## Section VI: Signatures

*Virginia United Methodist Development Company, LLC, will not process your Investment Application until you have completed Sections I, II and III, and signed below. An individual signing on behalf of an organization, entity or institution must print his or her name and title on the provided line. This Investment Application includes the terms and conditions printed on the back side of this form. By signing below, you agree to the terms and conditions set forth on this application.*

\_\_\_\_\_  
Name of Authorized Signer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Signer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Signer (if applicable)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Signer (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Signer (if applicable)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Signer (if applicable)

\_\_\_\_\_  
Date

**Signature Certification: IN WITNESS WHEREOF, the Organization has caused these signatures to be executed on its behalf by the undersigned.**

\_\_\_\_\_  
Name of Certifier

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Certifier

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Certifier

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Certifier

\_\_\_\_\_  
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**