



Individual Investment Application

CHECK IF AN EXISTING RELATIONSHIP

Applicant and Ownership Information (ALL information is required):

Date: _____

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 _____

Investment Options: (\$1000 minimum)

Investment Certificates:				Interest Options -- Investment Certificates Only:	
6 Month	\$	36 Month	\$	<input type="checkbox"/>	Reinvest interest back into Certificate
12 Month	\$	48 Month	\$	<input type="checkbox"/>	Invest into Savings Certificate # _____
24 Month	\$	60 Month	\$	<input type="checkbox"/>	Zero Interest (to provide additional support to the Fund, no interest is earned)
Savings Certificates:				<input type="checkbox"/>	Send Interest to me via: <input type="checkbox"/> Check <input type="checkbox"/> EFT
Statement Savings \$ _____				*If EFT is selected, attach voided check in space below*	
Total	_____				

Special Instructions: _____

Funding:

By check By EFT* By EFT on file

check payable: Virginia United Methodist Development Company LLC *if new EFT is selected, attach voided check in provided space below

Attach voided check here



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For Joint Accounts Only:

Select only one option:

Joint Account With Survivorship - On the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

Joint Account - No Survivorship - On the death of a party to the account, the deceased party's ownership in the account passes as a part of the party's estate under the party's will, trust, or by intestacy.

Primary Applicant's Signature

Date

Joint Applicant's Signature

Date

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. (Attach Beneficiary Designation Form)

Name of primary beneficiary/tax-exempt organization

Address

Social Security Number/EIN

Date of Birth

City, State and Zip

Relationship

Phone Number

Representation, Agreement, and Signature(s):

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

- 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. You understand that these certificates are not FDIC insured.
- Investor Eligibility:* You are qualified as an investor in the Certificates of Virginia United Methodist Development Company, LLC (the "Fund") because you are (or your 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.
- Investor Qualification:* You are qualified as an eligible investor as described in Section 1 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 1.
- 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).
- 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.
- 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.
- Withholding Certification:* By signing this Investment Application and under penalties of perjury, you certify:
 - Each Social Security or Federal Identification Number provided in Section I is correct; and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - You are a U.S. Person for federal tax purposes (including a U.S. Citizen or a U.S. resident alien).

Signature of Primary Applicant

Date

Signature of Joint Applicant (if applicable)

Date

For Office Use Only:

Date Received: _____ Received By: _____ Acct # _____ Date Completed: _____ Completed By: _____