



Current Account Number

Current Account Number: _____ Investment Number (internal use only): _____

Account Information

Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____

We'd love to hear how our ministry is helping you fulfill your mission and vision. Please share how this investment will enhance your Gospel impact. _____

Investment Details – Attach a voided check and mark Via ACH below to authorize an electronic funds transfer of the additional investment amount. Please have available funds for transfer the day application is made with CGIF.

Investment Type	Existing Investment # <small>(If not New Investment)</small>	Investment Amount	Investment Term (If Timed)	Via ACH
<input type="checkbox"/> New Investment <input type="checkbox"/> Demand Certificate <input type="checkbox"/> Timed Certificate			<input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 7 Years <input type="checkbox"/> Other: _____	<input type="checkbox"/>
<input type="checkbox"/> New Investment <input type="checkbox"/> Demand Certificate <input type="checkbox"/> Timed Certificate			<input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 7 Years <input type="checkbox"/> Other: _____	<input type="checkbox"/>
<input type="checkbox"/> New Investment <input type="checkbox"/> Demand Certificate <input type="checkbox"/> Timed Certificate			<input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 7 Years <input type="checkbox"/> Other: _____	<input type="checkbox"/>

Are you an ordained pastor?

☐ Yes ☐ No

If yes, Please attach a Certificate of Ordination.

Certificate of Ordination is required to receive the Pastor Generosity Certificate. (Additional 0.10% APY on each new investment)

“Payable On Death” Designation (Beneficiaries) (if applicable on new individual investments only)

☐ I would like my/our account(s) designated “Payable On Death”. Please complete beneficiaries on back.

On-Line Account Information Access and Type of Statement

☐ Please sign me up for On-Line access to my account information. (Instructions on how to register for this service will be emailed to you) Account statements are provided monthly. I would like to receive my statement in the following way:

☐ Electronic Statement (On-line account access required) ☐ Paper statement sent via US mail

Save \$35 annual paper statement fee by enrolling in both online access and electronic statements.

ESTABLISHED ACCOUNT DEPOSIT FORM (Page 2)

Acknowledgement and Authorization

The undersigned has been advised that the Certificates of Participation (the "Certificates") of Church Growth Investment Fund, Inc. ("CGIF") offered to the undersigned, have not been registered under the Securities Act of 1993, as amended, or applicable state securities laws, that the Certificates are being offered and sold pursuant to exemptions from the registration requirements of these laws, and that the reliance of CGIF on these exemptions is predicated in part on the undersigned's representations to CGIF contained in its original application. The undersigned represents and acknowledges that he/she has reviewed the Offering Circular (current copy available on our website, cgif.co) regarding the Certificates and understands the risks involved in an investment in the Certificates.

Signature: _____ Phone: _____
Print Name: _____ Email: _____
Title: _____ Date: _____

Signature: _____ Phone: _____
Print Name: _____ Email: _____
Title: _____ Date: _____

"Payable On Death" Designation (Beneficiaries)

Beneficiaries Name & Address	Date of Birth	Social Security #	Relationship	Share
1. _____	_____	_____	_____	%
2. _____	_____	_____	_____	%
3. _____	_____	_____	_____	%
4. _____	_____	_____	_____	%
5. _____	_____	_____	_____	%
6. _____	_____	_____	_____	%

If one or more of the beneficiaries predeceases me, I would like their share to ☐ go to the estate or heirs of the deceased beneficiary or ☐ be equally shared among the remaining beneficiaries. If neither are checked, funds will be made payable to the estate or heirs of the deceased beneficiary.

We acknowledge the establishment of the foregoing as beneficiaries under a Payable on Death designation for this investment.

Signature: _____ Signature: _____
Account Owner Name: _____ Co-Owner Name: _____
Date: _____ Date: _____