



**Current Account Number**

Current Account Number: \_\_\_\_\_ Investment Number (internal use only): \_\_\_\_\_

**Account Information**

Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security/EIN Number: \_\_\_\_\_

Co-Owner: (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**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.

Amount of Investment: \_\_\_\_\_  Via ACH

<p><b>For Existing Investments</b></p> <p>Investment # _____ Amount _____</p> <p>Investment # _____ Amount _____</p> <p>Investment # _____ Amount _____</p>	<p><b>For New Investment</b></p> <p><input type="checkbox"/> Demand Certificates Amount: _____</p> <p><input type="checkbox"/> Time Certificates <input type="checkbox"/> 6 Months</p> <p>Investment Term: <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years</p> <p><input type="checkbox"/> 7 Year <input type="checkbox"/> Other Term: ___ mos/yr (for special terms)</p>
---	---

**“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.

**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: \_\_\_\_\_