



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

For Existing Investments

Investment # _____ Amount _____

Investment # _____ Amount _____

Investment # _____ Amount _____

For New Investment

☐ Demand Certificates Amount: _____

☐ Time Certificates ☐ 6 Months

Investment Term: ☐ 1 Year ☐ 3 Years ☐ 5 Years

☐ 7 Year ☐ Other Term: ____ mos/yr (for special terms)

“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 1933, 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: _____

ESTABLISHED ACCOUNT DEPOSIT FORM (Page 2)

“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: _____

Account Owner Name: _____

Date: _____

Signature: _____

Co-Owner Name: _____

Date: _____