

INDIVIDUAL RETIREMENT ACCOUNT INVESTMENT APPLICATION

■ New Application

Change of Information

For Office Use Only
Account # _____

For Office Use Only Investment #

. Owner Information (Applicant)

Applicant Name:			
Address:			
City:		State:	Zip:
Home Phone		Work:	Cell:
Email:			SS#
Marital Status: Single	Married	U Widow	Birth Date:

2. Church Affiliation

Church Name: _

Church Address:

3. Type of Investment: Subject to the terms and conditions of the Offering Circular, the undersigned elects to purchase Participation Certificate(s) in the following type(s) and amount(s). Attach a voided check and mark Via ACH below to authorize an electronic funds transfer of the initial investment amount. Please have available funds for transfer the day application is made with CGIF.

Investment Type	Initial Investment	Investment Term (If Timed Certificate)	Traditional IRA*	Roth IRA*	Via ACH*
Demand CertificatesTimed Certificates		□ 6 Month □ 1 Year □ 3 Years □ 5 Years □ 7 Years □ Other Term:mos/yrs			
Demand CertificatesTimed Certificates		6 Month1 Year3 Years5 Years7 YearsOther Term:mos/yrs			
Demand CertificatesTimed Certificates		6 Month 1 Year 3 Years 5 Years 7 Years Other Term:			
Demand CertificatesTimed Certificates		6 Month 1 Year 3 Years 5 Years 7 Years Other Term:mos/yrs	٥		

* GoldStar Trust Company application is also required. Visit www.cgif.co or call us at (904) 345-3225 for required forms.

4. 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 this application. The undersigned represents and warrants that he/she is a resident of the State of Florida who is a member of the limited class as defined in the Offering Circular and acknowledges that he/she has reviewed the Offering Circular regarding the Certificates and understands the risks involved in an investment in the Certificates.

Under the penalties of perjury, I certify (1) that the numbers shown on this form are my correct identification number and (2) that I am not subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Signature:	SIGNATURI	E(S)			
	Signature:		 		
Date:	Print Name:		 		
	Date:				

P.O. Box 32069, Jacksonville, FL 32241-3069 * 904-345-3221 * www.cgif.co