



- New Application  
 Change of Information

*For Office Use Only*  
Account # \_\_\_\_\_

*For Office Use Only*  
Investment # \_\_\_\_\_

**1. Type of Account Registration**

- Individual  Joint With Rights of Survivorship  Other: \_\_\_\_\_

**2. Owner Information (s) (Applicant)**

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

**3. Co-Owner Information (If Applicable) (Attach additional sheet for more co-owners)**

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

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

**4. Church Affiliation**

Church Name: \_\_\_\_\_ City: \_\_\_\_\_

**5. "Payable On Death" Designation (Beneficiaries)**

- I would like my/our account(s) designated "Payable On Death" (attach additional sheet if needed)

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

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.

## INDIVIDUAL / JOINT INVESTMENT APPLICATION (Page 2)

### 6. On-Line Account Information Access

- 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)

**7. 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.

Initial Investment

- Demand Certificates \_\_\_\_\_  Via ACH
- Timed Certificates \_\_\_\_\_  Via ACH  6 Month
- Investment Term:  1 Year  3 Years  5 Years  7 Years  Other Term: \_\_\_\_\_ mos/yrs (for special terms)

### 8. Type of Statement

Account statements are provided monthly. I would like to receive my statement in the following way:

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

### 9. Distribution of Interest (If none checked, default will be "Accumulate and compound in my investment.")

- Accumulate and compound in my investment.
- Pay to me by electronic funds transfer\*  Monthly  Annually \*Attach a copy of a voided check
- \* Attach a copy of a voided check

### 10. 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 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.

If the Participation Certificate is a joint certificate (with or without survivorship rights) CGIF may accept instructions from one or more of the persons listed as Joint Owners above for the redemption, transfer or other disposition of the Participation Certificate or the proceeds thereof, and the Joint Owners listed above hereby consent and agree to such action. Nevertheless, CGIF may, at its discretion, require the consent of all Joint Owners before making such disposition. For Participation Certificates for Individuals and for Tenants in Common, upon the death of the Individual or a Joint Owner, the interest of such party becomes part of his or her estate. For Participation Certificates owned by Individuals or Joint Owners with the right of survivorship having the designation "pay on death" added and a beneficiary or beneficiaries named where indicated, will be redeemable and payable as follows: (1) to the listed beneficiary upon the death of the Individual and (2) to the listed beneficiary upon the death of the last surviving Joint Owner, as the case may be. In the case of Joint Owners with right of survivorship, CGIF may pay and/or transfer a Participation Certificate upon the instruction and to the order of the surviving Joint Owner upon the death of the other Joint Owner or Joint Owners, regardless of the designation of a beneficiary above. CGIF shall be protected in making payments and transferring Participation Certificates as set forth in this Application regardless of whether such action is consistent with the claim of any other party to beneficial ownership, and regardless of whether any party to the Participation Certificate is disabled or incapacitated at the time such payment or transfer is requested.

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

### SIGNATURE(S)

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

- I/WE AUTHORIZE TELEPHONE TRANSFERS ON MY/OUR ACCOUNT(S)\*\*

\*\* Authorization for telephone transfers gives Church Growth Investment Fund, Inc. the rights to transact business with their investors by verbal instruction where a written request may be required.