

- New Application  
 Change of Information

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

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

**1. Corporation Information**

Name of Corporation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Federal Tax Identification Number (TIN#) \_\_\_\_\_

**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)	Via ACH
<input type="checkbox"/> Demand Certificate <input type="checkbox"/> Borrower Limited Demand Certificate <input type="checkbox"/> Timed Certificate <input type="checkbox"/> Loan Reserve 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"/> Demand Certificate <input type="checkbox"/> Borrower Limited Demand Certificate <input type="checkbox"/> Timed Certificate <input type="checkbox"/> Loan Reserve 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"/> Demand Certificate <input type="checkbox"/> Borrower Limited Demand Certificate <input type="checkbox"/> Timed Certificate <input type="checkbox"/> Loan Reserve 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"/>

**4. 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

**5. On-Line Account Information Access and Type of Statement**

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

- Electronic Statement (Must sign up for On-Line Account Information Access to view statement)  
 Paper statement sent via U.S. mail

Please allow On-Line access to the corporation's account information. Any user who accesses the On-Line Account Information Access system is hereby authorized to process transactions on behalf of the corporation on the system.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

(Instructions on how to log into the system will be emailed to you)

**6. 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 this application. The undersigned represents and warrants that the corporation is incorporated in the State of Florida, certifies that it is a member of the limited class defined in the Offering Circular, represents and warrants that the ruling authority of the corporation has

**CORPORATE INVESTMENT APPLICATION (Page 2)**

approved the opening of this account, 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/we certify (1) that the numbers shown on this form is the correct identification number and (2) that the corporation is 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 the corporation are no longer subject to backup withholding.

The corporation agrees to promptly notify CGIF of any changes in authorized account signers or individuals authorized to receive account information. Furthermore, the corporation agrees to hold CGIF harmless for any transactions until CGIF receives written notice of any changes.

**SIGNATURE(S)**

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Corporate Resolution**

**RESOLUTION OF:**

Name of Church or Corporation: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

**RESOLVED, That**

\_\_\_\_\_  
 \_\_\_\_\_

are hereby authorized to execute the Church Growth Investment Fund, Inc. Corporate Investment Application relating to the purchase of Certificates of Participation of Church Growth Investment Fund, Inc. and to give instructions and execute any other documents relating to such investment accounts.

I, the undersigned, Secretary of the above named corporation, do hereby certify that the forgoing is a true copy of a resolution adopted by the Board of Directors of said Corporation on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at which a quorum was present and voted, or pursuant to consent laws of the State of \_\_\_\_\_, and that said resolution is now in full force and effect; and

That the signatures as shown below are genuine:

Print or Type Name(s)	Title(s)	Signature(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All transactions may be authorized by the above named individual(s) with: (Please choose one)

One Signature     Two Signatures     All Signatures

Witness my hand and the seal of the Corporation this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Corporate Secretary: \_\_\_\_\_