

STANDARD PURCHASE APPLICATION & AGREEMENT



If you have questions about this application please call (888) 540-7112. Please print clearly using a ballpoint pen.

PO Box 19700, Irvine, CA 92623-9700
Fax: (866) 303-9360

The offer and sale of CDF securities ("Certificates") are subject to the terms and conditions of CDF's Offering Circular, dated May 1, 2018 as may be supplemented, amended and restated ("Offering Circular"), which is incorporated herein in full by this reference. CDF reserves the right to refuse your application and not offer or sell any Certificate to you for any reason.

FOR OFFICE USE ONLY
Security Number _____
Initial Interest Rates: _____%
Representative: _____
Campaign: _____

NEW APPLICATION CHANGE OF INFORMATION

HOW DID YOU YEAR ABOUT CDF CAPITAL _____

1a) TYPE OF OWNERSHIP *(please choose one)*

- Individual Joint Tenancy Tenants in Common Trust Custodian
 For-Profit Corporation Non-Profit Organization Partnership Limited Liability Company Unincorporated Organization

1b) OWNER

Name			Social Security or Tax I.D. Number		
			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed		
Date of Birth: mo / day / year			E-Mail Address		
Address (No P.O. Boxes, please)			City	State	Zip
()	()	()	()		
Home Phone	Work Phone		Mobile Phone		

1c) CO-OWNER *(if applicable) Please attach a separate sheet for additional co-owners.*

Name			Social Security or Tax I.D. Number		
Date of Birth: mo / day / year			Relationship to Owner		
Address (No P.O. Boxes, please)			City	State	Zip
()	()	()	()		
Home Phone	Work Phone		Mobile Phone		

1d) CUSTODIAL INVESTMENTS *Custodial investments are covered by the California Uniform Gift Transfers to Minors Act (UTMA).*

Minor's Name			Minor's Social Security Number		
Minor's Date of Birth: mo / day / year			Relationship to Owner		
Transfer investment to minor at age (cannot exceed age 21): _____					
<i>Age of majority dictated by California state law.</i>					

1e) INVESTMENTS HELD IN TRUST ONLY *Please attach copy of trust cover page, successor trustee provisions, and trust signature page.*

Name and Date of Trust			Tax I.D. Number		
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2) CHURCH AFFILIATION

Church Name		City	State
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3) DISTRIBUTION UPON DEATH *(individual, co-tenant, or last surviving joint tenant only) Please attach a separate sheet for additional Beneficiaries & information.*

- My estate Church Development Fund, Inc. The following individual / institution:

Name	Relationship	Social Security or Tax I.D. Number			
Address	City	State	Zip	Phone	

This election will remain in place unless changed in writing. If selection is left blank, your election will default to your estate.



4) SPOUSAL CONSENT (AZ, CA, ID, LA, NV, NM, TX, WA and WI residents only)

If you are married, reside in a community property or marital property state (listed above) and designate someone other than your spouse as your sole primary beneficiary, your spouse must sign below.

I am the spouse of the Certificate Owner named above. I give to the Owner any interest I have in the Certificate. Therefore, I agree to my spouse's naming of a primary beneficiary other than myself. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I also acknowledge that I shall have no claim whatsoever against CDF for any payment to my spouse's named beneficiary(ies).

X

Signature of Certificate Owner's Spouse _____ Date _____ Spouse of _____

5) INVESTMENT TYPES AND TERMS (If questions, please call (888) 540-7112.) See #6 for Electronic Transfer of Funds.

- FLEX CERTIFICATE - \$250 minimum
- TIME CERTIFICATE - \$1,000 minimum
 - Investment Term [] 6 mos. [] 1 yr. [] 18 mos. [] 2 yrs.
 - [] 3 yrs. [] 4 yrs. [] 5 yrs.
 - [] Other Term (for Special Certificates) _____(mos.)
- PRESIDENTIAL CERTIFICATE - \$250,000 minimum
 - Presidential Flex Certificate (no term) _____% (yield)
 - Presidential Time Certificate _____(term) _____% (yield)

Comments: _____

TOTAL INVESTMENT: \$ _____

6) ELECTRONIC FUNDS TRANSFER

I desire to have Church Development Fund process any specific request for electronic transfers received in CDF's office for transfer to and/or from my account at the bank named below:

Bank Name _____

Bank Routing Number _____

Bank Account Number _____

Please attach a voided check from the account named here to this Purchase Application.

ELECTRONIC TRANSFERS TO CDF - RECURRING

- A transfer of \$_____ (Flex Certificate minimum: \$25. Time Certificate minimum: \$100.) shall be made to my CDF investment from the account at the bank named above on the (check one)
 - [] 5th [] 20th
 of each month or the first business day thereafter.

ELECTRONIC TRANSFERS FROM CDF - RECURRING

- A transfer of \$_____ shall be made to the account at the bank named above on the first business day of each (check one)
 - [] Month [] Quarter
 of each month or the first business day thereafter (early redemption fees may apply).

This authorization shall remain in effect until I notify CDF that I wish to end this agreement, which I may do at any time with a minimum of thirty days prior written notice.

A record of each transfer to CDF will appear on your quarterly CDF investment statement. In the event of an erroneous debit or credit, CDF is authorized to make correction entries. A \$10 fee will be charged to the investor's CDF investment for any transfer which is incomplete for lack of bank funds, closed, or incorrect bank information.

7) DISTRIBUTION OF INTEREST (If none checked, default will be "Accumulate and compound in my investment")

- Accumulate and compound in my investment
- Pay to me quarterly by electronic funds transfer (please complete Section 6 above and attach a voided check)



8) ACKNOWLEDGEMENT / SIGNATURE CARD

Each person signing below certifies that such person(s): 1) meets the definition of "Limited Class of Investors" set forth in CDF's Offering Circular, 2) has reviewed the Offering Circular and the financial statements reproduced therein and 3) agrees to the terms and conditions described in the Offering Circular. Furthermore, each person signing below acknowledges that their signature(s), as signed below, will be used for identity verification purposes when requesting investment activities.

This application serves as a Substitute W-9 Form. CDF is required to obtain your correct Social Security Number (SSN) in order to report to the Internal Revenue Service (IRS) interest paid to you. CDF, like any of other payer of interest or dividends, must withhold and pay to the IRS a percentage of the interest paid to you if you fail to furnish CDF with the correct SSN or if you fail to sign the acknowledgement at the bottom of this Purchase Application. This is referred to as "backup withholding." For more information on backup withholding, visit www.IRS.gov.

Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. citizen or other U.S. person (defined below).

NOTE: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

To complete your investment sign the Purchase Application here and either:

- Make a check for the amount of your investment payable to "CDF," or
- Complete the Electronic Funds Transfer section (Section 5), attach a voided check and indicate the amount of investment in Section 3 (Investment Types and Terms).

We will use that information to draw the investment amount from your bank and transfer those funds to CDF.

How many signatures are required for transactions? One Two Three Four

X

Signature

Print Name

Date

X

Signature

Print Name

Date

X

Signature

Print Name

Date

X

Signature

Print Name

Date

The purchase of Certificates is subject to risks which are described in the Offering Circular. Offers to sell and solicitation of offers to buy Certificates are made only pursuant to the Offering Circular and only in those states where the Certificates may lawfully be offered or sold. The Certificates are not FDIC or SIPC insured nor are they bank deposits.

Interest rates are established according to policies set forth in the Offering Circular and are subject to change. For a complete listing of current investment rates call (888) 540-7112 or visit www.CDFcapital.org.

Pennsylvania Residents: *You have the right to withdraw from this purchase agreement and receive a full refund of all monies paid by you. The right must be exercised within two business days. The procedure to be followed in exercising the right is explained in the Offering Circular.*

FOR OFFICE USE ONLY

RIM# _____

Customer Name: _____



AUTHORIZING RESOLUTION FORM



Name of Organization

RESOLVED, that this (check one)

Corporation Limited Liability Company Partnership Unincorporated Association Other (specify) _____

is authorized to invest in securities offered by Church Development Fund, Inc. (CDF), and be it further

RESOLVED, that this authority will continue until revoked by further action of the governing body of this organization, and be it further

RESOLVED, that the following individuals, whose signatures appear below

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title

each has authority to direct investments in CDF securities and to execute documents on behalf of the organization, and be it further

RESOLVED, that transactions in excess of \$_____ of the organization's investments will require _____ authorized signatures, and be it further

RESOLVED, that this organization agrees to the terms printed on each Certificate, Note or Agreement issued in connection with its investment(s), and to CDF's Offering Circulars which are delivered to the organization from time to time, as to all investments with CDF and redemptions of such investments.

The undersigned certify that they are duly authorized officers of the organization or have due authority on behalf of the above-named organization, and that the foregoing or other governing body is a true copy of the resolutions duly adopted by the organization's Board of Directors and that the signatures appearing on this card are those of the persons authorized to bind the organization in accordance with said resolutions.

SIGNED BY**X**

Signature

Print Name and Title

Date**CONFIRMED BY****X**

Signature

Print Name and Title

Date