

# 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, 2021, as may be supplemented, amended and restated ("Offering Circular"), which is incorporated here 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

Investment Number \_\_\_\_\_

Representative: \_\_\_\_\_

Campaign: \_\_\_\_\_

NEW APPLICATION  CHANGE OF INFORMATION

HOW DID YOU HEAR 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 Mr. Mrs. Ms. Dr. Other

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 _____		Email Address _____	
Address (No P.O. Boxes, please) (_____) (_____) _____		City _____	State _____ Zip _____
Home Phone _____	Work Phone _____	Mobile Phone _____	

### 1c) CO-OWNER Mr. Mrs. Ms. Dr. Other *(if applicable) Please attach a separate sheet for additional co-owners.*

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

### 1d) 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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### 1e) 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>	

### 2) CHURCH AFFILIATION

Church Name _____	City _____	State _____
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### 3) INVESTMENT TYPES AND TERMS *(If you have questions, please call 888.540.7112.) See #6 for Electronic Transfer of Funds.*

- FLEX CERTIFICATE - \$250 minimum  PRESIDENTIAL CERTIFICATE - \$250,000 minimum  
 TIME CERTIFICATE - \$5,000 minimum  Presidential Flex Certificate (no term) \_\_\_\_\_% APY  
Investment Term  1 yr.  2 yrs.  3 yrs.  5 yrs.  Presidential Time Certificate \_\_\_\_\_(term) \_\_\_\_\_% APY  
 Other Term (for Special Certificates) \_\_\_\_\_(mos.)

Comments: \_\_\_\_\_

TOTAL INVESTMENT: \$ \_\_\_\_\_

The CHURCH DEVELOPMENT FUND, CDF CAPITAL, CDF CAPITAL and DESIGN and DESIGN ONLY trademarks and/or other identifiers referenced herein are trademarks of Church Development Fund, Inc., and may be registered in certain jurisdictions.



Form continued on next page.



**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](http://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.

*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 6), 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](http://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.*

<b>FOR OFFICE USE ONLY</b>
RIM# _____
Customer Name: _____



# AUTHORIZING RESOLUTION FORM



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**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

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Name and Title

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Name and Title

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Name and Title

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Name and Title

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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 Circular, 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 is a true copy of the resolutions duly adopted by the organization's Board of Directors, or other governing body, and that the signatures appearing on this form are those of the persons authorized to bind the organization in accordance with said resolutions.

**SIGNED BY****X**

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Signature

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Print Name and Title

---

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

---

Signature

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Print Name and Title

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Date