

AUTHORIZATION FOR CONTRIBUTION



PO Box 19700, Irvine, CA 92623-9700
Fax: 866.303.9360

OWNER

(MY INFORMATION HAS CHANGED, PLEASE UPDATE)

| | | | |
|------------------------------|---------------|-------|-----|
| Name (First/Mi/Last) | Address | | |
| Organization (if applicable) | City | State | Zip |
| Social Security Number (TIN) | Email Address | | |
| Date of Birth | Phone | | |

CONTRIBUTION INFORMATION

| | | |
|--|--------------------------------------|--|
| Customer Number | Investment Number | Contribution Amount \$ |
| | | <input type="radio"/> 5 th <input type="radio"/> 20 th <input type="radio"/> One Time Transfer |
| Investment Type (Select one) | | of each month or the first business day thereafter |
| <input type="radio"/> Non-Retirement | <input type="radio"/> Roth IRA* | A record of the investment will be included in the investor's quarterly statement, sent by CDF |
| <input type="radio"/> Traditional IRA* | <input type="radio"/> Coverdell ESA* | |

BANK INFORMATION

(Please include a voided check)

| | |
|----------------|-------------------------------|
| Bank Name | Type (e.g. checking, savings) |
| Routing Number | Account Number |

I desire to have Church Development Fund, Inc. (CDF) withdraw funds from my account at the bank named above for the investment at CDF. Such withdrawal shall be credited as if I had personally made the withdrawal. 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.

SIGNATURE

I certify that all of the information provided by me is accurate and may be relied upon by Church Development Fund. I understand a \$10 fee will be charged to my CDF investment for any transfer which is incomplete for lack of bank funds.

| | |
|--------------------|--------------|
| SIGNATURE OF OWNER | TODAY'S DATE |
|--------------------|--------------|

IRA ELIGIBILITY OF FUNDS*

(Complete if you are establishing a recurring contribution to your IRA.)

I certify that the contribution described above is eligible to be contributed to the IRA and I authorize the deposit to be invested in the manner described above.

| | |
|------------------------|--------------|
| SIGNATURE OF IRA OWNER | TODAY'S DATE |
|------------------------|--------------|

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