

# STANDARD PURCHASE APPLICATION & AGREEMENT



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

If you have questions about this application, please call 888.540.7112. Please print clearly using a ballpoint pen.

The offer and sale of CDF Capital securities ("Certificates") are subject to the terms and conditions of CDF Capital's Offering Circular, dated May 1, 2022, as may be supplemented, amended and restated ("Offering Circular"), which is incorporated herein in full by this reference. CDF Capital reserves the right to refuse your application and not offer or sell any Certificate to you for any reason.

<b>FOR OFFICE USE ONLY</b>
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	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Social Security or Tax I.D. Number
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.



**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 quarterly by electronic funds transfer (Section 6 of this application must be completed. Please attach a voided check.)

**5) 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.

**6) ELECTRONIC FUNDS TRANSFER**

- I desire to have Church Development Fund process any specific request for electronic transfers received in CDF Capitals'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 CAPITAL - RECURRING**

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

**ELECTRONIC TRANSFERS FROM CDF CAPITAL - 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(early redemption fees may apply).

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

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

**7) 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 Capital for any payment to my spouse's named beneficiary(ies).

**X**

Signature of Certificate Owner's Spouse Date Spouse of



**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 Capital'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 Capital 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 Capital, 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 Capital 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 Capital," 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 Capital.

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 Capital), 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 Capital 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 Capital's Offering Circular, as to all investments with CDF Capital 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

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

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Signature

---

Print Name and Title

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Date