

# SIMPLIFIED PURCHASE APPLICATION & AGREEMENT

For individual, joint, and trust applications. Corporations, custodial, and other manners of account ownership should use CDF Capital's standard form Purchase Application.

Detailed instructions for completing this application may be found at the back of the Offering Circular. If you have additional 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, 2023, 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 to sell any Certificate to you for any reason.

☐ NEW APPLICATION ☐ CHANGE OF INFORMATION

HOW DID YOU HEAR ABOUT CDF CAPITAL \_\_\_\_\_

**CDF CAPITAL™**

PO Box 19700, Irvine, CA 92623-9700

Fax: 866.303.9360

## FOR OFFICE USE ONLY

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

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

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

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

☐ Individual ☐ Joint ☐ Trust

## 1b) OWNER ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
☐ Single ☐ Married ☐ 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

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 \_\_\_\_\_

## 2) CHURCH AFFILIATION

Church Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## 3) INVESTMENT TYPES AND TERMS *(If you have questions, please call 888.540.7112.) See #5 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  
☐ SPECIAL CERTIFICATE ☐ Flex ☐ Time \_\_\_\_\_(term) \_\_\_\_\_% APY

Special Terms: \_\_\_\_\_

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

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

## 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.)*

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.

## 5) DISTRIBUTION UPON DEATH Please attach a separate sheet for additional Beneficiaries and information.

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

Name	Relationship	Social Security or Tax I.D. Number
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Address	City	State	Zip	Phone
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*This election will remain in place unless changed in writing. If section 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 Capital's office for transfer to and/or from my account at the bank named below:

☐ Checking    ☐ Savings

Bank Name

Bank Routing Number

Bank Account Number

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

### RECURRING TRANSFERS

☐ A transfer of \$ \_\_\_\_\_ shall be made to my CDF Capital investment from my account at the bank every month.

Transfers shall occur on the

☐ 5th    ☐ 20th

of each month or the first business day thereafter.

## 7) ACKNOWLEDGEMENT

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 and that only one signature will be required for transactions.

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.

☐ **By submitting this Authorization, I/we authorize representatives of Church Development Fund, Inc. ("CDF Capital") to execute as instructed by me/us on the telephone, through the Investment Contact Center certain transactions, including (but not limited to) investments, redemptions, changes, renewals, and cancellations.**

X

Signature

Date

X

Signature

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.

