

CERTIFICATE OF PARTICIPATION CHURCH/AGENCY APPLICATION

Account # _____

TERM OPTION: (Choose One)

ONE YEAR **TWO YEAR** **THREE YEAR**

Rate: _____

The undersigned hereby make application for investment in the amount indicated below in a Certificate of Participation, offered by Heartspring Methodist Foundation as described in the Offering Circular dated July 1, 2015 ("Offering Circular").

AMOUNT OF INVESTMENT: \$ _____ (Minimum \$1000.00)

Make checks payable to: Heartspring Methodist Foundation

Interest options: (Choose one)	<input type="checkbox"/>	Rollover interest to principal automatically at maturity (<i>Default</i>)		
	<input type="checkbox"/>	Pay interest at maturity:	<input type="checkbox"/> ACH*	<input type="checkbox"/> Check
	<input type="checkbox"/>	Pay interest every six months:	<input type="checkbox"/> ACH*	<input type="checkbox"/> Check
	<input type="checkbox"/>	Pay interest quarterly:	<input type="checkbox"/> ACH*	<input type="checkbox"/> Check
	<input type="checkbox"/>	Pay interest monthly (min.\$10,000 required):	<input type="checkbox"/> ACH*	<input type="checkbox"/> Check
	<input type="checkbox"/>	Pay interest upon written request:	<input type="checkbox"/> ACH*	<input type="checkbox"/> Check

**If you choose ACH, please provide a voided check with your routing and account number.*

The Certificate of Participation will be registered to:

Tax ID Number:	
Name (Church or Agency):	
Mailing Address:	
City / State/ Zip:	
Contact Person:	
Contact Telephone:	
Contact Email:	

I(we) confirm that I(we) have received and read the **Offering Circular** of July 1, 2015 from Heartspring Methodist Foundation. I am an authorized representative(s) of the church, agency or institution purchasing the Certificate of Participation. **I HAVE ALSO COMPLETED THE ADDENDUM SIGNATURE CARD ATTACHED.**

Authorized Signature: _____ **Date:** _____

Printed Name & Title: _____

SIGNATURE AUTHORIZATION CARD

This is an addendum to the following Investment Agreement:

Name: (Church / Agency)	
Address:	
City / State / Zip Code:	
Phone Number:	
Fund Name:	
Account #:	

Authorized signatories

Per the Investment Agreement, (choose 1 or 2, etc) signatures from the following authorized signers are required to withdraw funds from this account, with approval from the Agency's Board of Directors.

Please list the title and names of persons authorized by the Investment Agreement to transact business on behalf of the Fund.

Title	Name (Print or Type)	Signature

Authorized Signature: _____ **Date:** _____

Printed Name & Title: _____