



United Methodist Foundation of Michigan

3347 Eagle Run Drive NE Suite B • Grand Rapids, Michigan • 49525

Phone 1-888-451-1929 • Fax 1-616-825-6178 • Email: info@umfmichigan.org WWW.UMFMichigan.org

APPLICATION TO INVEST in the MICHIGAN AREA LOAN FUND for Individuals or Trusts (Includes Required Information for IRS Form W-9)

Contact information for primary holder of Investment Account:

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

Business Telephone _____ E-mail Address _____

Name of Church (optional) _____ Location of Church (optional) _____

PAYMENT

I am enclosing a check in full payment for a new or additional Investment in the total principal amount of \$ (Please make all checks payable to: The Missions and Church Extension Trust Fund.)

INTEREST

Check one option below as to how you would like interest earned on the Investment Account to be handled. (If no option is checked, interest will be retained and added to principal.)

- ☐ Please reinvest the quarterly interest payments. Interest accruing on the account will be retained and added to the principal of your account.
- ☐ Please send me the quarterly interest payments. Interest will be paid within approximately 15 days after March 31, June 30, September 30 and December 31 of each year.

Interest rates may change – call us for current rates! Interest rates on the Investment Accounts are those in effect AS OF THE DATE WE ACCEPT THIS APPLICATION. The Missions and Church Extension Trust Fund of the Michigan Area of the United Methodist Church (“Loan Fund”) may decrease or increase the current interest rate payable upon 30 days prior written notice to the Investment Account holder. The Loan Fund may also increase or decrease the rate of interest on the Investment Accounts to be sold in the future. See our Prospectus for more information.

Please issue the Investment Account in the form of ownership and to the Investor(s) identified below:

- ☐ Sole Owner ☐ Joint Owner ☐ Formal Trust

Formal Trust: Interest will be payable only to the Trustee. *A copy of the trust agreement or a Certificate of Trust must be provided to the Loan Fund prior to opening the Investment Account.*

For Individuals:

Sole Ownership – If the Investment Account is to be registered only in the name of one person, please print the name, address, telephone numbers and other contact information of your nearest relative who does not live with you. This person will be contacted only should we be unable to locate you.

Joint Ownership – Registration of the Investment Account in the names of two individuals results in ownership of the Investment Account in “joint tenancy with right of survivorship.” Interest will be reported to Internal Revenue Service using the social security number of the first named person unless otherwise directed. **If the Investment Account will be owned by more than one person and you wish to require all owners to sign to redeem funds from the Investment Account, please check here.** ☐

Print Name of Primary Owner or Trustee (Please include title, e.g., Mr., Mrs., Dr., Rev., etc.; if a trust, state the name and date of the trust)	Social Security Number or Tax I.D. Number	Birthdate (if applicable)
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Print Name of Secondary Owner or Trustee	Social Security Number or Tax I.D. Number	Birthdate (if applicable)
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Address (if different from Primary Owner)	Telephone Number(s)	E-mail Address
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Beneficiary

(required) – We require that you specify the name of a person(s) or organization to receive the balance of the investment remaining at the time of your death, or on the death of the last of you to die if this is a jointly owned Investment Account. In case you choose to designate two beneficiaries, please specify the share of each beneficiary; otherwise, the beneficiaries will equally share the balance of the investment.

1. _____ % _____
Name of Beneficiary Share Social Security Number or Tax I.D. Number

Address of Beneficiary Email Address Phone Number

2. _____ % _____
Name of Beneficiary Share Social Security Number or Tax I.D. Number

Address of Beneficiary Email Address Phone Number

I hereby acknowledge receipt of the Prospectus dated _____, 20____ of The Missions and Church Extension Trust Fund of the Michigan Area of the United Methodist Church. I represent that I am 18 years of age or older.

Substitute Form W-9: *Under penalties of perjury, by signing below, each of the undersigned certifies that:*

1. The information provided on this application, including taxpayer identification number shown for each primary owner, secondary owner and/or joint owner/tenant above, is true, correct, and complete.
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.
3. I am a U.S. person, including a U.S. resident alien. (Please request Form W-8 if you are a foreign 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.

Signature _____ Signature _____
(Primary owner, trustee, or authorized representative) (Secondary owner, trustee or authorized representative)

Date _____ Date _____

The Investment Accounts are neither bank deposits nor bank obligations and are not insured by FDIC, SIPC, or any other state or federally regulated institution. No Guarantee by the United Methodist Church. The purchase of our securities is subject to risk, which are described in the Prospectus.

**FOR ADDITIONAL INFORMATION, PLEASE CONTACT
UNITED METHODIST FOUNDATION OF MICHIGAN
THE MISSIONS AND CHURCH EXTENSION TRUST FUND
3347 Eagle Run DR. NE. • Grand Rapids, Michigan 49525
(888) 451-1929
www.umfmichigan.org**

TAX INFORMATION
THE MISSIONS AND CHURCH EXTENSION TRUST FUND
OF THE MICHIGAN AREA OF THE UNITED METHODIST CHURCH
INSTRUCTIONS FOR SUBSTITUTE FORM W-9

PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

The Missions and Church Extension Trust Fund of the Michigan Area of the United Methodist Church ("Loan Fund") (as well as all other payers of interest or dividends) must generally withhold 28% of taxable interest or dividends if:

- (1) You do not provide the Loan Fund with your taxpayer identification number (TIN), or
- (2) You do not certify your TIN when required, or
- (3) The Internal Revenue Service notifies the Loan Fund that you furnished an incorrect TIN, or
- (4) You are notified by the Internal Revenue Service that you are subject to backup withholding, or
- (5) You do not certify by signing this form that you are not subject to backup withholding under (4) above or fail to certify your TIN.

To prevent backup withholding on interest paid, you must certify that you have provided your correct TIN to the Loan Fund; and, you must certify that you are not subject to backup withholding.

PENALTIES

Certain civil and criminal penalties may be imposed if you:

- (1) Fail to furnish your TIN to the Loan Fund unless the failure is due to reasonable cause and not willful neglect, or
- (2) Make a false statement with no reasonable basis that results in no backup withholding, or
- (3) Falsify certifications or affirmation.

INVESTORS EXEMPT FROM BACKUP WITHHOLDING

Investors specifically exempted from backup withholding on all payments include organizations exempt from tax under Section 501(a), such as a member congregation of The United Methodist Foundation. However, such investors are still required by the Loan Fund to complete and sign the Application to avoid erroneous backup withholding.

All interest that accrues or is paid on any Investment Account is subject to federal income tax in the year it is paid or accrued even though the interest is automatically added to the principal of the Investment Account. See "Tax Aspects" section of the Prospectus.

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