



# IN U.M. Loan & Savings Ministry, Inc.

1001 North Western Avenue, Suite D • Marion, Indiana 46952  
 765.664.2327 • toll free 866.669.2327 • loanfund@iumlf.org • www.iumlf.org

## Application to Purchase Certificate of Participation

► **IMPORTANT:** If purchase is for an IRA, contact us for proper forms.

### Section 1.

Enclosed is a check in the amount of \$ \_\_\_\_\_ as payment in full for a Certificate of Participation at the rate of interest currently offered by the IN U.M. Loan & Savings Ministry, Inc. (Loan Fund) (Investments must be minimum of \$1,000.00).

### Section 2.

Sole owner or trust     Joint owners     Church or other entity     Sole owner w/POD beneficiary

### Section 3.

| TERMS  | INTEREST   |
|--|--|
| Select one:<br>3, 6, 9, 15 or 18<br>_____ months       | Interest added at earliest of maturity or 12 months after issue date. Applies only to the 3, 6, 9, 15 or 18 month terms. |
| <b>OR you must check ONE BOX in EACH COLUMN BELOW:</b> |  |
| <input type="checkbox"/> 1 Year                        | <input type="checkbox"/> Reinvest annually*  |
| <input type="checkbox"/> 3 Year                        | <input type="checkbox"/> Distribute annually by check or ACH (Direct Deposit)  |
| <input type="checkbox"/> 5 Year                        | <input type="checkbox"/> Distribute quarterly by check or ACH (Direct Deposit)   |
|  | <input type="checkbox"/> Distribute monthly by check** or ACH (Direct Deposit)   |
|  | <input type="checkbox"/> Quarterly-add to my Loan Fund Savings Acct. # _____   |

Make check payable to:  
**IN U.M. Loan & Savings Ministry, Inc.**

\* Interest default when no selection made    \*\* only certificates of \$10,000 or larger

Until redemption is requested, the Certificate will automatically renew at the end of the term at the rate of interest then fixed by the IN U.M. Loan & Savings Ministry, Inc.

I would like my distribution DIRECT DEPOSITED. (You must complete the ACH Authorization, in section 4 of this application.)

### Section 4. ACH Authorization --

|   |       |   |  |
|---|-------|---|--|
| Name  |       | <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account (Check only one) |  |
| City  | State | Zip   |  |
| 9 Digit ABA Number  |       |   |  |
| Bank Account Number   |       |   |  |
| This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY to act on it. |       |   |  |

Please attach a blank deposit slip or voided check with this form so the account number and ABA routing number can be verified if necessary.

Office Use Only

**Also Complete Back Side**

| <b>Section 5.</b>  |                |  |     |
|--|----------------|--|-----|
| Name (sole owner or first joint owner, <b>church or entity</b> ) |                | Soc. Sec. No., or Church EIN ( <b>REQUIRED</b> ) |     |
| Street Address   | City           | State  | Zip |
| Home Phone   | Business Phone |  |     |
| Email Address (optional)   |                | Birth Date, if applicable                        |     |

| <b>Section 6. Complete this section for second joint owner.</b> |                |                                   |     |
|---|----------------|-----------------------------------|-----|
| Name joint owner  |                | Soc. Sec. No. ( <b>REQUIRED</b> ) |     |
| Street Address  | City           | State                             | Zip |
| Home Phone  | Business Phone |                                   |     |
| Email Address (optional)  |                | Birth Date                        |     |

| <b>Section 7. Optional Beneficiary Designation</b> |      |              |     |
|--|------|--------------|-----|
| Name of beneficiary upon death of owner(s)         |      | Phone number |     |
| Street Address                                     | City | State        | Zip |

|  |
|--|
| Name and city of United Methodist Church with which you are affiliated |
|--|

I certify under penalties of perjury that the number shown on this form is my correct taxpayer identification number. Furthermore, I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. *(You must cross out the previous sentence if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.)*

I confirm that I have read the Offering Circular dated April 30, 2010 provided by the IN U.M. Loan & Savings Ministry, Inc., am over the age of 18, a resident in the State of Indiana, Kentucky, Illinois, Arizona, Hawaii, Florida, North Carolina or Texas and am affiliated with the United Methodist Church.

|   |      |
|---|------|
| Signature of owner (or church account agent)  | Date |
| Signature of joint owner (if applicable)      | Date |
| Title of church account agent (if applicable) |      |

|   |
|---|
| <p><b>Where did you hear about the Loan Fund?</b></p> <p><input type="checkbox"/> Church Bulletin Insert</p> <p><input type="checkbox"/> Field Representative</p> <p><input type="checkbox"/> Search Engine</p> <p><input type="checkbox"/> Family/Friend _____</p> <p><input type="checkbox"/> Other _____</p> |
|---|

Mail or deliver completed application with payment to:  
1001 North Western Avenue, Suite D  
Marion, Indiana 46952  
For more information call 765.664.2327 or toll-free 866.669.2327