



# 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

## Savings Account Application

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

### Section 1.

Enclosed is a check in the amount of \$ \_\_\_\_\_ to open a Savings Account with IN U.M. Loan & Savings Ministry, Inc. (Loan Fund) (Initial deposit must be a minimum of \$25.00). I understand the Loan Fund Board of Directors will periodically evaluate interest rates and may change the rate paid as deemed necessary.

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

### Section 2. Ownership of Account

Sole owner or trust       Joint owners       Church or other entity

### Section 3.

|  |                |       |  |            |
|--|----------------|-------|--|------------|
| 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 |

### Section 4. Complete this section for joint ownership.

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

### Section 5. Optional Beneficiary Design

|  |      |              |     |  |
|--|------|--------------|-----|--|
| 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.)*

Office Use Only

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) |      |

Mail or deliver completed application with payment to above address.  
 For more information call 765.664.2327 or toll-free 866.669.2327