



Stewardship.Simplified.

Church Growth Investment Fund

Account #

Investment #

For Office Use Only

CORPORATE INVESTMENT MATURITY UPDATE FORM

Corporate Information

Corporation Name

Address

City

State

Zip

Business Phone

Business Fax

Federal Tax Identification Number (TIN#)

Email

Maturity Selections

Subject to the terms and conditions of the Offering Circular, the undersigned agrees to the selected maturity option. **Attach a voided check and mark Bank Account where applicable to authorize an electronic funds transfer.** Please have available funds for transfer the day the form is completed and sent to CGIF, if applicable. CGIF is offered by Offering Circular only. For an Offering Circular, visit www.floridabaptist.org/CGIF or call 904.345.3221.

Investment Number: _____

- ☐ Reinvest into the same investment type I am currently in.
- ☐ Reinvest into a new investment type (complete section A)
- ☐ Transfer to an existing Investment (complete section B)
- ☐ One-time distribution and reinvest into the same investment type I am currently in (complete section C)
- ☐ One-time distribution and transfer into a new investment type (complete section D)
- ☐ Close investment and distribute balance (complete section E)

A | Reinvest Into a New Investment Type

- ☐ Demand
- ☐ Timed
 - ☐ 6 Months ☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 5 Years ☐ 7 Years ☐ Other:

B | Transfer to an Existing Investment(s)

\$

\$

Investment #

Transfer Amount

Investment #

Transfer Amount

C | One-Time Distribution and Reinvest into Same Type

\$

Withdrawal Amount

☐ Check (mailed within 3 business days of maturity)

☐

Bank Account Ending in (Last 4)

Bank Name

P.O. Box 23069 Jacksonville, FL 32241-3069 | 904-345-3221 | www.cgif.co



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D | One-Time Distribution and Transfer Into a New Investment Type

\$

Withdrawal Amount

☐ Check (mailed within 3 business days of maturity)

☐

Bank Account Ending in (Last 4)

Bank Name

☐ Demand

☐ Timed

☐ 6 Months ☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 5 Years ☐ 7 Years ☐ Other: _____

E | Close Investment and Distribute Balance

☐ Check (mailed within 3 business days of maturity)

☐

Bank Account Ending in (Last 4)

Bank Name

Acknowledgement and Authorization

The undersigned has been advised that the Certificates (the "Certificates") of Church Growth Investment Fund, Inc. ("CGIF") offered to the undersigned have not been registered under the Securities Act of 1933, as amended, or applicable state securities laws, that the Certificates are being offered and sold pursuant to exemptions from the registration requirements of these laws, and that the reliance of CGIF on these exemptions is predicated in part on the undersigned's representations to CGIF contained in this application. The undersigned represents and warrants that he/she is a member of the limited class as defined in the Offering Circular and acknowledges that he/she has reviewed the Offering Circular regarding the Certificates and understands the risks involved in an investment in the Certificates.

The undersigned further acknowledges that CGIF will validate all signatures and required signature counts against the authorized signers and Corporate Resolution information on file before processing any withdrawal, transfer, or maturity request.

If selecting a withdrawal or deposit request, the undersigned acknowledges that Church Growth Investment Fund will review the request for completeness and accuracy prior to approval. Processing will begin once the request is approved. Please allow up to 3 business days for electronic funds to be processed by Church Growth Investment Fund. Actual posting of the deposit or withdrawal may vary based on the originating financial institution.

By submitting this form, the undersigned understands and agrees that it supersedes, replaces, and renders void any prior maturity instructions or elections previously provided to CGIF for the Certificate(s) referenced herein.

Authorized Signer #1

Authorized Signer #2 (If Applicable)

Signature

Signature

Print Name

Print Name

Date

Date

Authorized Signer #3 (If Applicable)

Authorized Signer #4 (If Applicable)

Signature

Signature

Print Name

Print Name

Date

Date

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