



INDIVIDUAL/JOINT CERTIFICATE OF INVESTMENT APPLICATION

Type of Account Registration

☐ Individual ☐ Joint With Rights of Survivorship ☐ Other: _____

Owner Information (Applicant)

Applicant Name

SSN

Address

City

State

Zip

☐ Home

☐ Cell

Home Phone

Cell Phone

Preferred Phone

☐ Single

☐ Married

☐ Widow

Email

Birth Date

Marital Status

Co-Owner Information (If Applicable)

Co-Applicant Name

SSN

Address

City

State

Zip

☐ Home

☐ Cell

Home Phone

Cell Phone

Preferred Phone

☐ Single

☐ Married

☐ Widow

Email

Birth Date

Marital Status

Church Affiliation

Church Name

Church Address

We'd love to hear how our ministry is helping you fulfill your mission and vision. Please share how this investment will enhance your Gospel impact.





"Payable On Death" Designation (Beneficiaries)

I designate that upon my/our death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminated completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries remain and no contingent beneficiaries are named, my estate will be my beneficiary. (The total percentage designated must equal 100%.)

Beneficiary #1

Beneficiary Name	Date of Birth	SSN
Address		
City	State	Zip
		%
Relationship	Share	

Beneficiary #2

Beneficiary Name	Date of Birth	SSN
Address		
City	State	Zip
		%
Relationship	Share	

Beneficiary #3

Beneficiary Name	Date of Birth	SSN
Address		
City	State	Zip
		%
Relationship	Share	

If one or more of the beneficiaries predeceases me:

- ☐ I would like their share to go to the estate or heirs of the deceased beneficiary
☐ Be equally shared among the remaining beneficiaries.

(If neither are checked, funds will be made payable to the estate or heirs of the deceased beneficiary.)





Certificate of Investment Type(s)

Subject to the terms and conditions of the Offering Circular, the undersigned elects to purchase Certificate(s) in the following type(s) and amount(s). **Attach a voided check and mark Via ACH below to authorize an electronic funds transfer of the initial investment amount.** Please have available funds for transfer the day application is made with CGIF. CGIF is offered by Offering Circular only. For an Offering Circular, visit cgif.co or call 904.345.3221. Applicants may select multiple investment options below. You may open Demand Certificates, Timed Certificates, or both.

Demand Certificates

☐ Demand Certificate Initial Investment Amount \$ _____ ☐ Via ACH

☐ Demand Certificate Initial Investment Amount \$ _____ ☐ Via ACH

Timed Certificates

☐ Timed Certificate Initial Investment Amount \$ _____ ☐ Via ACH

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

☐ Timed Certificate Initial Investment Amount \$ _____ ☐ Via ACH

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

Are you an ordained pastor?

If yes, please attach a Certificate of Ordination. Certificate of Ordination is required to receive the Pastor Generosity Certificate. (Additional 0.10% APY on each new investment)*

☐ Yes

☐ No

Distribution of Interest

☐ Accumulate and compound in my investment (Default)

☐ Pay to me by electronic funds transfer (EFT) Monthly*. *Attach a copy of a voided check*

Online Account Information Access and Type of Statement

All accounts are automatically enrolled in online account access and electronic statements. If you would like to receive a paper statement, a \$35 annual fee will apply. Account statements are sent monthly.

☐ Electronic Statement (Default)

☐ Paper Statement (Fee applies)

Please complete the Acknowledgement and Authorization section on Page 4. Thank you!

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



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 1993, 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.

If the Certificate is a joint certificate (with or without survivorship rights) CGIF may accept instructions from one or more of the persons listed as Joint Owners above for the redemption, transfer or other disposition of the Certificate or the proceeds thereof, and the Joint Owners listed above hereby consent and agree to such action. Nevertheless, CGIF may, at its discretion, require the consent of all Joint Owners before making such disposition. For Certificates for Individuals and for Tenants in Common, upon the death of the Individual or a Joint Owner, the interest of such party becomes part of his or her estate. For Certificates owned by Individuals or Joint Owners with the right of survivorship having the designation "pay on death" added and a beneficiary or beneficiaries named where indicated, will be redeemable and payable as follows: (1) to the listed beneficiary upon the death of the Individual and (2) to the listed beneficiary upon the death of the last surviving Joint Owner, as the case may be. In the case of Joint Owners with right of survivorship, CGIF may pay and/or transfer a Certificate upon the instruction and to the order of the surviving Joint Owner upon the death of the other Joint Owner or Joint Owners, regardless of the designation of a beneficiary above. CGIF shall be protected in making payments and transferring Certificates as set forth in this Application regardless of whether such action is consistent with the claim of any other party to beneficial ownership, and regardless of whether any party to the Certificate is disabled or incapacitated at the time such payment or transfer is requested.

Under the penalties of perjury, I/we certify (1) that the tax identification number(s) shown on this application are my/our correct tax identification number(s) and (2) that I/we are not subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me/us that I/we are no longer subject to backup withholding.

Owner

Co-Owner (If Applicable)

Signature

Signature

Print Name

Print Name

Date

Date

Mother's Maiden Name

Mother's Maiden Name

☐ I/WE AUTHORIZE TELEPHONE TRANSFERS ON MY/OUR ACCOUNT(S)**

** Authorization for telephone transfers gives Church Growth Investment Fund, Inc. the rights to transact business with their investors by verbal instruction where a written request may be required.