



**INDIVIDUAL RETIREMENT ACCOUNT
INVESTMENT APPLICATION**

- New Application
- Change of Information

For Office Use Only

Account # _____

For Office Use Only

Investment # _____

1. Owner Information (Applicant)

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Work: _____ Cell: _____

Email: _____ SS# _____

Marital Status: Single Married Widowed Birth Date: _____

2. 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. _____

3. Type of Investment: Subject to the terms and conditions of the Offering Circular, the undersigned elects to purchase Participation 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.

Investment Type	Initial Investment	Investment Term (If Timed Certificate)	Traditional IRA*	Roth IRA*	Via ACH*
<input type="checkbox"/> Demand Certificates <input type="checkbox"/> Timed Certificates		<input type="checkbox"/> 6 Month <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 7 Years <input type="checkbox"/> Other Term: ____mos/yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Demand Certificates <input type="checkbox"/> Timed Certificates		<input type="checkbox"/> 6 Month <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 7 Years <input type="checkbox"/> Other Term: ____mos/yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Demand Certificates <input type="checkbox"/> Timed Certificates		<input type="checkbox"/> 6 Month <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 7 Years <input type="checkbox"/> Other Term: ____mos/yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* GoldStar Trust Company application is also required. Visit www.cgif.co or call us at (904) 345-3225 for required forms.

- Please sign me up for On-Line access to my account information. (Instructions on how to register for this service will be emailed to you)
Account statements are provided monthly. I would like to receive my statement in the following way:
 - Electronic Statement (On-Line account access required) Paper statement sent via US mail
- *Save \$35 annual paper statement fee by enrolling in both online access and electronic statements.*

4. Acknowledgement and Authorization

The undersigned has been advised that the Certificates of Participation (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 resident of the State of Florida who 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.

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

SIGNATURE(S)

Signature: _____

Print Name: _____

Date: _____