



9-MONTH PROMOTIONAL INDIVIDUAL INVESTMENT APPLICATION

NOTE: All the information provided on this form is confidential to the Church of God by Faith Financial Solutions. It is used only in reference to your account. For proper records, it is necessary for investors to complete all areas that refer to their account. It is necessary that this application be signed, dated and returned to Church of God by Faith Financial Solutions before an account can be established. Questions, please call 1.904.574.9853.

- ☐ New Application
☐ Change of Information

FOR OFFICE USE ONLY

Investment# _____

1. OWNER INFORMATION (Applicant)

Individual Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

SSN# and Birth-date _____

See co-owners and beneficiaries page* **Primary owner and all CO-OWNERS must sign page two of the app.**

2. CHURCH AFFILIATION

Church Name: _____

City: _____

State: _____

3. TYPE OF INVESTMENT

Minimum Investment Amount is \$1,000.00 Total

9-month Time Certificate Investment Amount _____

*See Electronic Funds Transfer Form

- ☐ I desire to have Church of God by Faith Financial Solutions, Inc. process any specific request for electronic transfers received in COGBFFS Office for transfer to and/or from my bank or credit union account, and hereby authorize Church of God by Faith Financial Solutions, Inc., to make deposits and credits to or from my account. This authority will continue until 30 days after receipt by Church of God by Faith Financial Solutions, Inc., of written cancellation of that authority.
- ☐ I have attached a voided check from my desired transfer account.

INVESTMENT AGREEMENT

- I have received and had the opportunity to read the Offering Circular of Church of God by Faith Financial Solutions, Inc., and accept the terms of the Offering Circular. Furthermore, each person signing below acknowledges that their signature(s), as signed below, will be used for identity verification purposes when requesting investment activities. If the owner is a trust or organization, the undersigned certifies that they have the authorization to act and sign on the behalf of the entity as well as the authorized signers designated above.
- I understand that this investment is not directly secured by a mortgage of any particular church loan.
- I understand that the principal and payment of interest is dependent in large part upon the future offerings of members of the churches receiving loans and this income stream cannot be predicted with any certainty.
- I hereby subscribe to the investment described in this Investment Agreement with the Church of God by Faith Financial Solutions, Inc., on my own account for investment purposes only and not with a view to distribution or on behalf of any other person or entity.
Pennsylvania residents who purchase Certificates have the right to withdraw from the purchase pursuant to Section 207(m) of the Pennsylvania Securities Act of 1972. See the "State Specific Information" section of the Offering Circular for additional details.
- Interest on the Advantage Certificate should be (CHECK ONE):
☐ Paid Quarterly ☐ Paid Semi-Annually ☐ Paid Annually ☐ Accrued Until Maturity or Further Notice

6. I request that Church of God by Faith Financial Solutions, Inc., designate the person(s) listed as Beneficiary above (or on a separate sheet, if necessary) to receive the principal and any unpaid accrued interest on my Certificate at my death. The terms of this beneficiary designation, my Certificate, and this Advantage Certificate Investment Application shall be binding on my heirs, beneficiaries, and legal representatives. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis.

7. Under penalties of perjury, I certify that:

- (a) The number shown on this form is my correct taxpayer identification number.
- (b) I am not subject to backup withholding of taxes due to failure to report interest and dividend income.
- (c) I am a U.S. citizen or other U.S. person (as defined in the instructions to Form W-9).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Print Name _____

Print Name _____

X _____

X _____

Signature

Signature

Date ___/___/___ Mother's Maiden Name _____

Date ___/___/___ Mother's Maiden Name _____

Print Name _____

Print Name _____

X _____

X _____

Signature

Signature

Date ___/___/___ Mother's Maiden Name _____

Date ___/___/___ Mother's Maiden Name _____

Please note that this is neither an offer to sell nor a solicitation of an offer to buy Church of God by Faith Financial Solutions, Inc. securities. Such an offer is made by an Offering Circular and only in those states where Church of God by Faith Financial Solutions, Inc. securities may lawfully be offered or sold. Church of God by Faith Financial Solution s, Inc. securities are subject to certain risk factor s as described in the Offering Circular and are not F.D.I.C. or S.I.P.C. insured nor are they bank deposits.

FORM : CI10518 Church of God by Faith Financial Solutions - 2409 Old Middleburg Road, N. - Jacksonville , FL - 32210

Website: www.cogbffs.org - Phone: 904-574-9853 - Fax : 904-574-9871- email: fs@cogbffs.org

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CO-OWNER FORM (signature req)

see page two for signatures

Co-Owners

Please mail this form to the address below or email to fs@cogbf.org or Fax to 904-574-9871.

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____

Relationship _____

Tax ID (SSN/TIN) _____

Name _____

Address _____

City/State/Zip _____

Date of Birth _____

Relationship _____

Tax ID (SSN/TIN) _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____

Relationship _____

Tax ID (SSN/TIN) _____



BENEFICIARY DESIGNATION FORM

Account #

Investment #

BENEFICIARIES (The total percentage designated must equal 100%.) Beneficiary designations are not available for Certificates purchased by IRAs or other retirement accounts. Please mail this form to the address below or email to fs@cogbf.org.

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____

Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____

Address _____

City/State/Zip _____

Date of Birth _____

Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____

Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Signature Required of Account Owner: