



CORPORATE INVESTMENT APPLICATION

- New Application
- Change of Information

FOR OFFICE USE ONLY
Investment # _____

1. OWNER INFORMATION (Applicant)

Corporation Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Tax ID#			

2. CHURCH AFFILIATION

Church Name:	City:	State:
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3. TYPE OF INVESTMENT

Demand Investments - \$250.00 Minimum

Time Certificate - \$250.00 Minimum
 6mo
 1-year
 18mo
 2-years
 3-years
 4-years
 5-years

Total Investment Amount \$ _____

4. ELECTRONIC FUNDS TRANSFER

- 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.

ACKNOWLEDGEMENT AND AUTHORIZATION

1. 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 an entity, the undersigned certifies that they have the authorization to act and sign on the behalf of the entity.
2. I understand that this investment is not directly secured by a mortgage of any particular church loan.
3. 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.
4. 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.
5. If I am a resident of Pennsylvania or Tennessee, I represent and acknowledge that I am a member of the "Limited Class of Investors" described in the Offering Circular.
6. Interest on the Advantage Certificate should be (CHECK ONE):
 Paid Quarterly
 Paid Semi-Annually
 Paid Annually
 Accrued Until Maturity or Further Notice

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 _____
Signature

X _____
Signature

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

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

Print Name _____

Print Name _____

X _____
Signature

X _____
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 Solutions, Inc. securities are subject to certain risk factors as described in the Offering Circular and are not F.D.I.C. or S.I.P.C. insured nor are they bank deposits.



CORPORATE RESOLUTION INVESTMENTS

RESOLUTION OF:

Name of Church or Corporation: _____

Address: _____

Federal Tax ID Number: _____

COGBFFS Account Number *(leave blank if unknown)* _____

RESOLVED, that this organization is authorized to invest in securities offered by Church of God by Faith Financial Solutions, Inc. and be it further RESOLVED, that the following individuals, whose signatures appear below:

PRINT NAME(S)	TITLE(S)	SIGNATURES(S)

are hereby authorized to execute the Church of God by Faith Financial Solutions, Inc. Investment Account Application relating to the purchase of Investment Accounts of Church of God by Faith Financial Solutions, Inc. and to give instructions and execute any other documents relating to such Investment Accounts on behalf of the organization, and be it further RESOLVED, that this organization agrees to the terms issued in connection with its investment(s), and to COGBFFS's offering circular.

I, the undersigned, secretary of the above named corporation, do hereby certify that the forgoing is a true copy of a resolution adopted by the board of directors of said corporation on the _____ day of _____, 20_____, at which a quorum was present and voted, or pursuant to consent laws of the state of _____, and that said resolution is now in full force and effect; and that signatures as shown below are genuine:

ALL TRANSACTIONS MAY BE AUTHORIZED BY THE ABOVE NAMES INDIVIDUAL(S) WITH:

(PLEASE CHOOSE ONE)

- ONE SIGNATURE
 ANY TWO SIGNATURES
 ALL SIGNATURES

Witness my hand and the seal of the corporation this _____ day of _____, 20_____.

SIGNATURE OF CORPORATE SECRETARY: _____