

## 1 INSTITUTION INFORMATION

Print Institution Name		Tax ID Number	
Physical Address (Required)		City	State Zip
Mailing Address (If different)		City	State Zip
Phone Number		Email Address	

Business Type:  Assemblies of God Church  Other Denomination  Non-Denomination/Independent  
 Ministry/Nonprofit  Business/For Profit

## 2 INVESTMENT INSTRUCTION

Enter the dollar amount below for each investment type you would like to establish. For Investment Certificates redeemed prior to maturity, our current policy is to impose an early redemption penalty of 2% of the principal amount. We may change this policy at any time without notice or consent from any investor.

Demand	\$ _____	2-Year	\$ _____
3-Month	\$ _____	3-Year	\$ _____
6-Month	\$ _____	4-Year	\$ _____
8-Month†	\$ _____	5-Year	\$ _____
1-Year	\$ _____	7-Year†	\$ _____
		10-Year†	\$ _____
		<b>Total Investment Amount</b>	<b>\$ _____</b>

†Available for new investments only; funds may not be transferred from an existing or renewing investment.

## 3 FUNDING OPTIONS

- Check payable to AG Loan Fund  
 Transfer from AGFinancial Investment # \_\_\_\_\_  
 Wire transfer (Contact consultant for instructions.)

## 4 INTEREST PAYMENT OPTIONS

If interest is paid, payment will be made by Electronic Funds Transfer (EFT). If no EFT information is on file, interest will compound.

- Compound Interest                      OR                      Pay Interest:  Monthly\*  Quarterly  Semi-Annual  Annual  
\*Monthly interest payment option requires a \$10,000 minimum investment.
- Use **existing** EFT instructions on file with AG Loan Fund.  
 Establish **new** EFT by completing EFT Form.

## 5 PAPERLESS OPTIONS

We consent to receive the items we have checked below via email notification. We understand we will no longer receive hard copies of those items by mail. *Electronic maturity notices not available to Kentucky investors.*

- eStatements  
 Maturity notices  
 Updates to offering circulars and any supplements

**6**

## ONLINE ACCESS ADMINISTRATOR

- We have already established Online Access.
- We do not wish to establish Online Access at this time.
- We would like to establish Online Access. (Complete information below.)

*Complete this section to establish online access for AGFinancial.* The Online Access Administrator designated below will receive full view, transaction, and administrative capabilities for Online Access, including granting user permissions and security levels for the church/institution. The Online Access Administrator is solely responsible for set up, distribution, and maintenance of login credentials.

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Print Name	Phone	Email
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## AGREEMENT TO TERMS

*At least two authorized agents must be listed. AGFinancial is not liable for any improper, fraudulent, or otherwise unauthorized transactions based on reliance of this form or use of Online Access.*

We have received and agree with the terms of the Offering Circular. We state that the church/institution has approved investments in AGFinancial investment certificates by resolution, and that we are authorized to bind and obligate the church/institution in performing transactions related to AGFinancial investment certificates, including, but not limited to, investing, transferring, or redeeming, and are authorized to establish any other investment-related services and execute any and all forms, agreements, and other documents and instruments on behalf of the church/institution that are necessary and proper documentation relating to its AGFinancial investment certificates, and that we have the authority to act as agents for the church/institution. We understand and agree that AGFinancial may allow the agents listed below access to information regarding the investment(s), and/or the ability to conduct transactions on the church's/institution's behalf. We understand that AGFinancial undertakes no obligation to monitor transactions to determine that they are on our behalf. We will notify AGFinancial immediately if unauthorized access is suspected.

### STATE SPECIFIC INFORMATION

*Alabama, Arizona, Arkansas, California, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Missouri, Oklahoma, Pennsylvania, South Dakota, Tennessee, or Washington investors only:* By signing below, we state that we are qualified to invest pursuant to the Offering Circular, and we hereby acknowledge such eligibility requirement set forth therein.

*Pennsylvania investors only - RIGHT TO WITHDRAW:* You have the right to withdraw from your purchase of these securities as described under State Specific Information in the Offering Circular.

### ARBITRATION INFORMATION

All claims and disputes arising under or relating to this Agreement are to be settled by binding arbitration in the State of Missouri. The arbitration shall be conducted on a confidential basis pursuant to the rules of the American Arbitration Association. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses, and reasonable attorneys' fees. An award of arbitration may be confirmed in a court of competent jurisdiction.

### TAX INFORMATION

Under penalties of perjury, I certify that: **1)** The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **2)** I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding; and **3)** I am a U.S. citizen or other U.S. person (defined in the instructions).

If you have been notified by the IRS that you are currently subject to backup withholding, you must cross out item 2 above.

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

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Corporate Officer/Pastor/Authorized Agent Signature	Printed Name	Title	Date
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