

FMLF NEW INVESTMENT APPLICATION

1. CONTACT INFORMATION

Name : E-mail :
 Home # : Cell # :
 Mailing Address :
 Name of Church & Conference :

2. INVESTMENT INFORMATION

Please make checks payable to FM Financial.

Initial Investment Amount :

Check below for the requested certificate(s) and fill in the amount for each certificate requested:

<u>Description</u>	<u>Minimum Amount</u>	<u>Investment</u>
<input type="checkbox"/> Flexible Certificate	None	\$ <input type="text"/>
<input type="checkbox"/> One Year Certificate	\$5,000.00	\$ <input type="text"/>
<input type="checkbox"/> Two Year Certificate	\$5,000.00	\$ <input type="text"/>
<input type="checkbox"/> Five Year Certificate	\$5,000.00	\$ <input type="text"/>

Interest rates may change at any time – call or visit fmlf.org for current rates. FM Financial (FMF) may change the current interest rate payable on Flexible Certificates upon 30 days' prior written notice to the holders of such Certificates. FM Financial (FMF) may also change the rate of interest on the Term Certificates to be sold in the future at any time.

Please check this box if you would like us to contact you regarding online access.

3. INTEREST PAYMENT METHOD (If no option is checked, interest will be retained and added to principal.)

1. Add the interest to my certificate principal.
2. Please send monthly interest payments quarterly interest payments by check.
3. Please send monthly interest payments quarterly interest payments to my bank on file.

4. CERTIFICATE OWNERSHIP

Please issue the certificate in the form of ownership and to the Investor(s) identified below: (Select one)

1. **Sole Ownership** - Registration of the Certificate is to be registered in the name of one individual.
2. **Joint Ownership** - Registration of the Certificate in the names of two individuals results in ownership of the Certificate in "joint tenancy with right of survivorship." Interest will be reported to the Internal Revenue Service using the social security number of the first named person unless otherwise directed.

Primary Owner Name: _____
 Birthdate : _____ SSN #: _____
 Joint Owner Name : _____
 Birthdate : _____ SSN #: _____
 Mailing Address : _____

3. Formal Trust - Interest will be payable only to the Trustee. A copy of the trust agreement or a Certificate of Trust must be provided to FMF prior to opening a certificate.

Name of Trust : _____
 Date of Trust : _____ Tax I.D. # : _____

5. BENEFICIARY DESIGNATION (NOT APPLICABLE IF OWNED BY A TRUST)

We require that you specify the name of a person(s) or organization to receive the balance of the investment remaining at the time of your death, or on the death of the last of you to die if this is a jointly owned Certificate, or your successor custodian if this is a Minor Transfer Act account and the Minor is under 18 years of age.

Name of Beneficiary : _____ Birthdate: _____
 Address of Beneficiary : _____
 Name of Beneficiary : _____ Birthdate: _____
 Address of Beneficiary : _____
 Name of Beneficiary : _____ Birthdate: _____
 Address of Beneficiary : _____
 Name of Beneficiary : _____ Birthdate: _____
 Address of Beneficiary : _____

6.ACKNOWLEDGEMENT OF TRANSACTION, OFFERING CIRCULAR RECEIPT & SUBSTITUTE FORM W-9

I hereby acknowledge receipt of FMF's Offering Circular dated April 30, 2025. I represent that I am 18 years of age or older. I further represent that prior to receipt of the Offering Circular, I was a member of, contributor to, or participant in, The Free Methodist Church - USA (FMCUSA), or a conference, district, local church or other affiliate of the Denomination (as defined in the Offering Circular), or I was an ancestor, descendant or successor in interest to such person.

Substitute Form W-9: Under penalties of perjury, by signing below, each of the undersigned certifies that:

1. My taxpayer identification number shown above is correct.
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.
3. I am a U.S. person (defined in the instructions to Form W-9), including a U.S. resident alien.

Note: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. In this case, the backup withholding rate will be 28%.

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

Primary Owner/Trustee Signature : _____ Date : _____
 Secondary Owner/Auth Rep Signature: _____ Date : _____

The certificates are neither bank deposits nor bank obligations and are not insured by FDIC, SIPC, or any other state or federally regulated institution.

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FMLF DIRECT DEPOSIT AUTHORIZATION FORM

BANK INFORMATION

Important: For checking accounts, please enclose a voided check with the correct account number.
Please don't send a deposit slip.

Checking account Savings account Account Number :

Name as it appears on the bank account :

ABA Routing Number :

Bank Name :

Address :

City/State/Zip :

Telephone Number :

CLIENT AUTHORIZATION

I hereby authorize FM Financial to deposit my payment(s) automatically to me.

Adjusted entries to correct errors are also authorized. This authority will remain in effect until it is cancelled in writing.

Printed Name :

Signature : Date :

Printed Name :

Signature : Date :

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