

## FMLF NEW INVESTMENT APPLICATION- INSTITUTIONS

### 1. OWNER INFORMATION

Name of Institution :

Mailing Address :

Phone Number :  Conference (if applicable) :

Tax ID :  Tax Exempt : ☐ Yes ☐ No

### 2. INVESTMENT INFORMATION

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](http://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. ACKNOWLEDGEMENT OF TRANSACTION & OFFERING CIRCULAR (REQUIRED)

I (we) on behalf of the institution named above, hereby acknowledge receipt of FMF's Offering Circular dated April 30, 2025. I (we), on behalf of the institution, represent that the institution is and was, prior to receipt of the Offering Circular, an associated organization of The Free Methodist Church - USA.

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

- My taxpayer identification number shown above is correct.
- 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.
- 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.**

Authorized Signature 1 :  Date :

Printed Name :

Authorized Signature 2 :  Date :

Printed Name :

**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

We hereby authorize FM Financial to deposit our payment(s) automatically to us.

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

Organization Name :

Signature :  Date :

Printed Name :

Signature :  Date :

Printed Name :

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## AUTHORIZED SIGNER FORM

### CLIENT INFORMATION

Organization Name :

Account Number(s) :

Does this authorization apply to all accounts with FM Financial & GuideStream? ☐ Yes ☐ No

### AUTHORIZED SIGNERS

**Signer 1 Name** :  Birthdate :

Title :  SSN :

E-mail :  Phone :

Signature :

**Signer 2 Name** :  Birthdate :

Title :  SSN :

E-mail :  Phone :

Signature :

**Signer 3 Name** :  Birthdate :

Title :  SSN :

E-mail :  Phone :

Signature :

Check here if more than one signature is required to complete a transaction. ☐

### DIRECTOR/PASTOR CONFIRMATION

The above mentioned individuals are authorized signers for the account(s) named above. The instructions given in this form will continue until revoked by further action of the governing body of this organization. The undersigned certify that the attached minutes or resolution are/is accurate and true, and that the signatures appearing on this page are those of the authorized persons. This form will revoke all prior named and authorized signers.

Printed Name :  Date :

Signature :  Title :

### SIGNED BY BOARD MEMBER (ONLY APPLICABLE IF PASTOR/DIRECTOR IS ALSO AN AUTHORIZED SIGNER.)

Printed Name :  Date :

Signature :  Title :

**Please provide a copy of the Board Minutes or resolution authorizing the above person(s) to act.**

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