



APPLICANT INFORMATION PLEASE PRINT CLEARLY.

Must be at least 18 years old. If to be titled in trust, application must accompany first and last page of trust document.

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Date of Birth: ____ / ____ / ____ Social Security #: _____

Name of Elementary School: _____

Full Name of Your Oldest Cousin: _____

Name of Local Church: _____

JOINT APPLICANT INFORMATION PLEASE PRINT CLEARLY.

Must be at least 18 years old. One or more owners with full rights of survivorship and not tenants in common. Interest is reported to the IRS using the Social Security number of the first owner listed.

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Date of Birth: ____ / ____ / ____ Social Security #: _____

Name of Elementary School: _____

Full Name of Your Oldest Cousin: _____

Name of Local Church: _____

INVESTMENT SELECTION PLEASE SELECT ONE.

- | | | |
|---|--|---|
| <input type="checkbox"/> Flexible Demand Account
<i>Minimum \$50 investment</i> | <input type="checkbox"/> 12-Month Term Note
<i>Minimum \$500 investment</i> | <input type="checkbox"/> 60-Month Term Note
<i>Minimum \$500 investment</i> |
| <input type="checkbox"/> Flexible Demand Plus Account
<i>Minimum \$100 monthly ACH deposit</i> | <input type="checkbox"/> 24-Month Term Note
<i>Minimum \$500 investment</i> | <input type="checkbox"/> 60-Month Term Note with Giving Bonus
<i>Minimum \$10,000 investment</i> |
| <input type="checkbox"/> 3-Month Term Note
<i>Minimum \$500 investment</i> | <input type="checkbox"/> 36-Month Term Note
<i>Minimum \$500 investment</i> | |
| <input type="checkbox"/> 6-Month Term Note
<i>Minimum \$500 investment</i> | <input checked="" type="checkbox"/> 18-Month Term Note <i>Investment option available until 5/31/19. Minimum \$5,000 investment to qualify for promotional rate. New investment dollars, only.</i> | |

INVESTMENT SOURCE PLEASE SELECT ONE.

- New Investment: \$ _____
Check enclosed. All checks payable to United Church of Christ Cornerstone Fund, Inc.
- Reinvestment of Matured Note (#: _____)
PLEASE SELECT ONE. Entire Balance Principal Only Portion of Note (\$ _____)
- Transfer from Note (#: _____)

SIGNATURES

By signing this application, I agree to the certification statements on page two of this application.

Signature of Primary Owner, Executor, or Trustee Date

Signature of Joint Owner or Trustee Date

INTEREST DISTRIBUTION PLEASE SELECT ONE.

Accrue (add) to my investment semi-annually.

Pay directly.
PLEASE SELECT ONE. Semi-annually Quarterly Monthly (for balances of \$10,000 or more)

PLEASE SELECT ONE. Pay by check. Direct deposit to bank account (attach voided check)

Bank Name: _____

Routing #: _____ Account #: _____

ELECTRONIC DELIVERY AGREEMENT FOR OFFERING CIRCULAR PLEASE CHECK BOX.

In lieu of receiving a mailed copy of the United Church of Christ Cornerstone Fund, Inc. Offering Circular, I request the Cornerstone Fund to send to my household, via email, notification that the Offering Circular is available for review on the Cornerstone Fund's website. I understand that I may revoke this request at any time or change the delivery address by contacting the Cornerstone Fund.

FOR FLEXIBLE DEMAND PLUS ACCOUNTS, ONLY. PLEASE PRINT CLEARLY.

I authorize the United Church of Christ Cornerstone Fund, Inc. and the respective Bank to initiate a monthly withdrawal in the amount of \$ _____ (a required minimum \$100 per month) on the (CIRCLE ONE) 1st or 15th of each month. I also authorize the United Church of Christ Cornerstone Fund, Inc. and the respective Bank to initiate credit and/or necessary credit entries or adjustments for any debit/credit in error to my account listed below.

ACCOUNT TYPE PLEASE SELECT ONE.	ACCOUNT INFORMATION PLEASE PRINT CLEARLY.
<input type="checkbox"/> Checking Account (<i>Attach voided check</i>)	Bank Name: _____
<input type="checkbox"/> Savings Account (<i>Attach deposit slip</i>)	Routing #: _____ Account #: _____

FOR BUILDER BONUS 60-MONTH TERM NOTES, ONLY. PLEASE PRINT

You are instructed to forward \$ _____ (a minimum of 10% of the note amount) to the following United Church of Christ church, Association, Conference, or related organization or entity as a gift.

Name of Church or Entity: _____

Purpose or Designation: _____ Contact Name: _____

Street Address: _____ City/State/Zip: _____

CERTIFICATIONS

I hereby acknowledge receipt of the Offering Circular of the United Church of Christ Cornerstone Fund, Inc. (Cornerstone Fund) and further represent that I/we are members of, contributors to (including investors), or participants in the United Church of Christ or the Cornerstone Fund or in any program, activity or organization which constitutes a part of the United Church of Christ or Cornerstone Fund, Inc. or in any other protestant church organizations which have a programmatic relationship with the United Church of Christ or the Cornerstone Fund, Inc.

Further, under penalties of perjury, I certify (1) that the number shown on the forms is my correct taxpayer identification number, and (2) that I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

EVERY PENNSYLVANIA PURCHASER OF THE SECURITIES DESCRIBED IN THIS APPLICATION HAS THE RIGHT TO WITHDRAW FROM THE PURCHASE WITHIN TWO BUSINESS DAYS. SEE PAGES 2 AND 3 OF THE OFFERING CIRCULAR FOR MORE INFORMATION AND INSTRUCTIONS.

MAKE ALL CHECKS PAYABLE TO UNITED CHURCH OF CHRIST CORNERSTONE FUND, INC.

To confirm acceptance, the Cornerstone Fund, Inc. will mail to the person to whom interest on the Note is payable an executed copy of the Note purchased.

700 Prospect Avenue, Cleveland, Ohio 44115
888-UCC-FUND(822-3863) • www.cornerstonefund.org