

TERM CERTIFICATE(S) PURCHASE APPLICATION

Brethren in Christ Foundation, Inc.
431 Grantham Road
Mechanicsburg, PA 17055
Phone (717) 796-4788

PART I

TYPE OF ACCOUNT

- Organization Individual Joint* Uniform Transfers to Minors Act (UTMA) Custodial Account for Minor†

*Unless otherwise instructed, joint ownership of **Certificate(s)** will be indicated by use of the conjunction "or" between the names, thus creating a joint tenancy with right of survivorship, rather than ownership as tenants in common.

† The **Term Certificate(s)** [(including Youth Saving Certificates)] will be registered in the name of the custodian identified below ("Custodian") for the minor identified below ("Minor") under the Pennsylvania Uniform Transfers to Minors Act ("PA UTMA"). Custodian understands that (i) this election is an irrevocable transfer and/or gift to the Minor under the PA UTMA, and (ii) Custodian's rights and duties are governed by the PA UTMA. Custodian must sign this Application below. The Minor's name, address and social security number will be used for tax reporting purposes. All other account statements and correspondence will be sent to the Custodian. We recommend that you consult with your attorney or financial advisor for more information about the PA UTMA and any tax implications related thereto.

APPLICANT(S) INFORMATION

PRIMARY OWNER or MINOR if UTMA:

Name

Street/P.O. Box

City, State & Zip

Congregation

Social Security Number | EIN

Date of Birth

Phone

Regional Conference

JOINT OWNER (If desired) or CUSTODIAN if UTMA:

Name

Street/P.O. Box

City, State & Zip

Social Security Number

Date of Birth

Phone

PART II – I hereby apply for and agree to purchase the Brethren in Christ Foundation, Inc. ("Foundation") the **Term Certificate(s)** specified below. The actual initial interest rate will be the prevailing rate at the time of sale. I understand that the initial interest rate on my Demand Certificate is variable and that the Foundation may adjust the variable interest rate upward or downward from time to time. The minimum purchase amount for a **Term Certificate** is \$25.

TERM CERTIFICATE OPTIONS

- 6 Month 1 Year 15 Month 2 Year 3 Year 4 Year 5 Year

Number of Investments: _____

Total Dollars Investing\$ _____

Additional investment information: _____

- Interest on **Term Certificate(s)** may be accumulated or paid at the investor's request. I/We elect to have interest on the Certificate(s) as follows: **(complete one)**
- Accumulated monthly to the Term Certificate(s). Interest credited on the last day of each month.
 - Pay interest monthly by check mailed to the address above.
 - Pay interest monthly to my bank account by Electronic Funds Transfer. If you do not have an existing bank account on file or desire interest to be paid to a new bank account, please complete the EFT Authorization Form. For a copy, please contact the Foundation.

PLEASE TURN TO THE OTHER SIDE 

MINISTRY CERTIFICATES (Donating Interest) Available for Variable Interest Rate Term Certificates Only

MINISTRY RATE TERM CERTIFICATE OPTIONS

6 Month 1 Year 15 Month 2 Year 3 Year 4 Year 5 Year

Total Dollars Investing\$ _____ Donate all interest: Reduced Interest rate: _____ %

- I elect to take a reduced interest rate on the Term Certificate(s) selected here so that the church, ministry or institution suggested below may benefit. I understand that I may change to the regular plan (current variable interest rate) upon written notice to the Foundation thirty (30) days prior to the first day of the month in which the regular plan rate is to be effective. If regular rates are reduced below the reduced rate set forth above, the regular variable interest rate then in effect will apply as long as the reduced rate is higher. In making the following designation, I understand that the Foundation has the final decision regarding distribution of any benefit from the reduced interest rate.

Suggested beneficiary of reduced interest rate: _____

Interest on **Term Certificate(s)** may be accumulated or paid at the investor's request. I/We elect to have interest on the Term Certificate(s) as follows: **(complete one)**

- Accumulated monthly to the Term Certificate(s). Interest credited on the last day of each month.
- Pay interest monthly by check mailed to the address above.
- Pay interest monthly to my bank account by Electronic Funds Transfer. If you do not have an existing bank account on file or desire interest to be paid to a new bank account, please complete the EFT Authorization Form. For a copy, please contact the Foundation.

PART III - REQUIRED- With respect to the ultimate disposition of my account: (check one)

Upon written notice to the Foundation, this choice may be changed at any time prior to death.

- At my death, the account balance of the **Term Certificate(s)** shall become the sole property of the Foundation
- At my death, the Foundation shall pay the proceeds of the **Term Certificate(s)** at maturity to the person(s) listed on my Beneficiary Designation Form or, if none, to the person(s) legally entitled to said proceeds. If the Foundation does not receive notification of death within 60 days of a **Term Certificate** termination date, the Foundation may at its discretion elect to renew the **Term Certificate** for one additional like term.

PART IV- REQUIRED - I hereby acknowledge receipt of the current Prospectus of the Foundation, and of the financial statements reproduced therein, and further represent the I/we meet the limited class of investor requirements presented in the Prospectus. I HEREBY AGREE THAT THIS PURCHASE IS FOR INVESTMENT ONLY, MAY NOT BE TRANSFERRED EXCEPT AS PERMITTED BY THE FOUNDATION AND ANY TRANSFER MUST BE PURSUANT TO EITHER AN EFFECTIVE REGISTRATION OR AN EXEMPTION THEREFROM UNDER APPLICABLE STATE SECURITIES LAWS. In accordance with the terms set forth in this Application above, and as set forth in the Foundation's Prospectus, I hereby execute this Purchase Application.

Signature _____ Date _____

Joint Owner (if Applicable): I, the undersigned joint owner, in consideration of the Foundation's issuance of the **Term Certificate**, consent to the purchase(s) set forth in this Purchase Application.

Signature _____ Date _____

The Foundation reserves the right to reject any application. No sale occurs until a Purchase Application is accepted by the Foundation.

IF YOU HAVE ACCEPTED AN OFFER TO PURCHASE THESE SECURITIES DESCRIBED IN A PROSPECTUS WHICH CONTAINS A NOTICE EXPLAINING YOUR RIGHT TO WITHDRAW YOUR ACCEPTANCE PURSUANT TO SECTION 207(m)(1) OF THE PENNSYLVANIA SECURITIES ACT OF 1972 (70 P.S. §1-207(m)), YOU MAY ELECT, WITHIN TWO BUSINESS DAYS AFTER THE FIRST TIME YOU HAVE RECEIVED THIS NOTICE AND A PROSPECTUS (WHICH IS NOT MATERIALLY DIFFERENT FROM THE FINAL PROSPECTUS), TO WITHDRAW FROM YOUR PURCHASE AND RECEIVE A FULL REFUND OF ALL MONIES PAID BY YOU. YOUR WITHDRAWAL WILL BE WITHOUT ANY FURTHER LIABILITY TO ANY PERSON. TO ACCOMPLISH THIS WITHDRAWAL, YOU NEED ONLY SEND A WRITTEN NOTICE (INCLUDING A NOTICE BY FACSIMILE OR ELECTRONIC MAIL) TO THE ISSUER (OR UNDERWRITER IF ONE IS LISTED ON THE FRONT PAGE OF THE PROSPECTUS) INDICATING YOUR INTENTION TO WITHDRAW.