

**Instructions for Investment of
BICF Health Savings Account in
TERM CERTIFICATES/ DEMAND CERTIFICATE(s)**

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

APPLICANT INFORMATION

Name

Social Security Number

Street/P.O. Box

Date of Birth

City, State & Zip

Phone

Congregation

Regional Conference

I hereby instruct the Brethren in Christ Foundation, Inc., as Custodian ("Custodian"), to purchase the Brethren in Christ Foundation, Inc. ("Foundation") Term Certificate(s) ("**Term Certificate(s)**") or Demand Certificate(s) ("**Demand Certificate(s)**") specified below on behalf of my BICF Health Savings Account. The actual initial interest rate will be the prevailing rate at the time of sale. For variable rate securities, I understand that the Foundation may adjust the variable interest rate upward or downward from time to time. The minimum purchase amount is \$25 for a Term Certificate or \$5 for a Demand Certificate.

INVESTMENT OPTIONS

Type of Security(ies)	Total Principal Amount Invested
• Demand Certificate	\$ _____
• Six Month Maturity – Term Certificate	\$ _____
• Fifteen Month Maturity – Term Certificate	\$ _____
• One Year Maturity – Term Certificate	\$ _____
• Two Year Maturity – Term Certificate	\$ _____
• Three Year Maturity – Term Certificate	\$ _____
• Four Year Maturity – Term Certificate	\$ _____
• Five Year Maturity – Term Certificate	\$ _____

Interest will be credited to your HSA and compounded monthly for Term Certificates and Demand Certificates, all on the basis of a 365- day year. Statements will be mailed quarterly.

I hereby acknowledge receipt of the current Prospectus of the Foundation, and of the financial statements reproduced therein, and further represent that I 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 ANY EXEMPTION THEREFROM UNDER APPLICABLE STATE SECURITIES LAWS. In accordance with the terms set forth above and as set forth in the Foundation's Prospectus, I hereby instruct the Custodian to purchase the securities as set forth above.

Signature _____

Date _____

The Foundation reserves the right to reject any HSA investment. No sale occurs until the Foundation accepts an HSA investment.

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 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.