

**Instructions for Investment of  
BICF Health Savings Account in  
STEWARDSHIP INVESTMENT CERTIFICATES/  
THRIFT ACCUMULATION PLAN (TAP) AGREEMENTS**

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

**ACCOUNT 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") Stewardship Investment Certificate(s) ("**Certificate(s)**") or Thrift Accumulation Plan Agreement(s) ("**Agreement(s)**") specified below on behalf of my BICF Health Savings Account. I understand that the initial variable interest rate specified in the Prospectus is the initial interest rate as of the date of the Prospectus, and that, for variable rate securities, the Foundation may adjust the variable interest rate upward or downward from time to time. The actual initial rate will be the prevailing rate at the time of sale. The minimum purchase amount is \$25 for a **Certificate** or \$5 for an **Agreement**.

**INVESTMENT OPTIONS**

<b>Type of Agreement/Certificate</b>	<b>Total Principal Amount Invested</b>
• Thrift Accumulation Plan – Agreement	\$ _____
• Six Month Maturity – Certificate	\$ _____
• Fifteen Month Maturity – Certificate	\$ _____
• One Year Maturity – Certificate	\$ _____
• Two Year Maturity – Certificate	\$ _____
• Three Year Maturity – Certificate	\$ _____
• Four Year Maturity – Certificate	\$ _____
• Five Year Maturity – Certificate	\$ _____
• [TERM] Maturity – Certificate	\$ _____

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

I hereby acknowledge receipt of the current Prospectus of the Brethren in Christ Foundation, Inc., 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.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
City State

\_\_\_\_\_, 20\_\_\_\_. Signature \_\_\_\_\_

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.**