

APPLICATION TO PURCHASE A CERTIFICATE OF PARTICIPATION

For Office Use

1. Amount enclosed for a Certificate of Participation \$_____ . (minimum of \$1,000)

Make check payable to: Central Texas Methodist Foundation

2. Term (check one box)

- 1 Year
- 2 Year
- 3 Year
- 5 Year

3. Interest (check one box)

- Reinvest
- Distribute annually
- Distribute quarterly

4. Ownership (check one box)

- Sole owner or trust
- Joint owners Also Joint Payee
- Sole owner w/POD beneficiary
- Church or other entity

The Certificate will automatically renew at the rate of interest fixed for each renewal term unless redemption is requested.

Name (sole owner or first joint owner)

_____/_____
Soc. Sec. No. or Church EIN Date of Birth

Street Address (sole owner or first joint owner) Apt.#

City State Zip

Phone Number

E-mail Address

Name (joint owner)

_____/_____
Social Security Number Date of Birth

Street Address (joint owner)

City State Zip

Name (beneficiary) list additional on back

_____/_____
Social Security Number Date of Birth

Street Address (beneficiary)

City State Zip

5. _____
Name and City of your Church.

Thank you! Your name and church will be listed in our Circle of Investors.

6. I have received and read the Offering Circular from the Central Texas Methodist Foundation. I am over the age of 18, a resident of Texas, and am a contributor, member or participant of the United Methodist Church or am an ancestor, descendant or successor in interest to such person.

Signature (Sole or First Joint Owner) Date

Signature of (Joint Owner) Date

**Mail or deliver completed application with payment to:
Central Texas Methodist Foundation
3215 West 4th Street
Fort Worth, TX 76107**

For more information call (817) 332-1394 or (800) 333-4096 or email: ctmf@ctmf.org

Complete this section
for joint ownership.

Complete this section
to name a beneficiary.