

Account Number _____

**CERTIFICATE OF PARTICIPATION
INDIVIDUAL APPLICATION**

TERM OPTION: (Choose One)

ONE YEAR TWO YEAR THREE YEAR

Rate: _____

The undersigned hereby make application for investment in the amount indicated below in a Certificate of Participation, offered by Heartspring Methodist Foundation as described in the Offering Circular dated July 1, 2017 (“Offering Circular”).

AMOUNT OF INVESTMENT: \$ _____ (Minimum \$1000.00)

Make checks payable to: Heartspring Methodist Foundation

Interest options: (Choose one)	<input type="checkbox"/>	Rollover interest to principal automatically at maturity (<i>Default</i>)		
	<input type="checkbox"/>	Pay interest at maturity:	<input type="checkbox"/> ACH*	<input type="checkbox"/> Check
	<input type="checkbox"/>	Pay interest every six months:	<input type="checkbox"/> ACH*	<input type="checkbox"/> Check
	<input type="checkbox"/>	Pay interest quarterly:	<input type="checkbox"/> ACH*	<input type="checkbox"/> Check
	<input type="checkbox"/>	Pay interest monthly (min.\$10,000 required):	<input type="checkbox"/> ACH*	<input type="checkbox"/> Check
	<input type="checkbox"/>	Pay interest upon written request:	<input type="checkbox"/> ACH*	<input type="checkbox"/> Check
<i>*If you choose ACH, please provide a voided check with your routing and account number.</i>				

The Certificate of Participation will be held by the Foundation in the following name: (Please print)

Social Security Number:	
Name (Title/First/MI/Last):	
Mailing Address:	
City / State/ Zip:	
Contact Telephone:	
Contact Email:	

I confirm that I have received and read a copy of the Offering Circular and that I am a resident of the State of Texas. I further certify that I am over the age of eighteen (18) years; I am not under any disability that would require approval of any third person for this investment; I am a contributor, member or participant of the United Methodist Church or I am an ancestor, descendant, or successor in interest to such person. I am acquiring the Certificate of Participation for personal investment and not with the intent of transferring the Participation Interests. I understand and agree that my investment in Certificate of Participation will be held and administered by the Foundation under the terms of the Offering Circular.

- Optional: Payable on Death* – on the death of the Owner, ownership of the Certificate of Participation would pass and belong to the person or persons designated by Owner. *If this box is checked, please be sure to complete the separate **Payable-On-Death Form** to designate your desired payee or payees.*

Owner, during his or her lifetime, shall have the exclusive ability to exercise all rights or ownership in the Certificate of Participation, including, but not limited to, rights to change disbursement of interest, and rights to redeem the Certificate of Participation, subject to the guidelines in the Offering Circular.

Effective January 1, 1984, Congress adopted the “Backup Withholding” provision that requires the Fund withhold 20% of your interest payments unless we have been furnished a correct Social Security Number. **Under penalties of perjury, by signing below, I certify that the number shown on this form is the correct Social Security Number(s).**

Investor Signature

Date: