

New Application     CFR Account Number: \_\_\_\_\_

## 1. Owner Information (Applicant)

Applicant Name: \_\_\_\_\_ I am an ordained minister  Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ SSN#: \_\_\_\_\_

Marital Status:  Single     Married     Widow                      Birth Date: \_\_\_\_\_

## 2. Church Affiliation

Church Name: \_\_\_\_\_ City: \_\_\_\_\_

## 3. Type of Investment

### DEMAND INVESTMENTS

READY ACCESS INVESTMENT - \$2,000 minimum

**Traditional IRA\***

**Roth IRA\***



### TIME INVESTMENTS

INVESTMENT TERM - \$20,000 minimum

3 yr     5 yr     10 yr

Other Term (For Special Certificates) \_\_\_\_\_ mos / yrs



### FLEXIBLE CERTIFICATE

\$1,000,000 minimum    Rate \_\_\_\_\_    Term \_\_\_\_\_



\*IRAs require a minimum \$20,000 initial investment. Several additional forms are required to open IRA accounts, and checks for IRAs should be made payable to our IRA custodian, "TMI Trust Company." Please contact CFR for further assistance. Note: Allow several weeks for processing on all IRA investments. For account and funding verification purposes, funds for initial investment deposits are available 10 business days after opening.

### Total Investment Amount

\$ \_\_\_\_\_

## 4. Distribution of Interest (If none checked, default will be "Accumulate and compound in my investment")

Accumulate and compound in my investment

Pay to me by electronic funds transfer

Monthly

Quarterly

Annually

Please attach the most recent statement from your Current IRA/Retirement plan custodian and a copy of your Driver's License or alternative form of identification.

## 5. Electronic Funds Transfer

I desire to have Christian Financial Resources process any specific request for electronic transfers received in CFR's office for transfer to and/or from my bank or credit union account. **Please attach a voided check, savings statement, or letter of account confirmation from your financial institution corresponding to the account named here with this application.**

Checking  Savings

## 6. Online Account Access

I would like to be enrolled in online access. Preferred username: \_\_\_\_\_

I do not wish to have online access. \*Note: if no selection is made your account will be set up with your email address on file.

## 7. Acknowledgement and Authorization

I, (we) hereby acknowledge receipt of the Offering Circular of Christian Financial Resources, Inc., and further represent that I (we) meet the definition of "Investor" as presented in the Offering Circular and accept the terms of the Offering Circular. Furthermore, each person signing below acknowledges that their signature(s), as signed below, will be used for identity verification purposes when requesting investment activities. By signing below, I (we) acknowledge that future Offering Circulars and other offering documents will be sent to me (us) over the Internet in machine-readable format and not by physical paper copy, and knowingly consent to receive those offering documents only electronically, at the email address provided above.

*This application serves as a Substitute W-9 Form. Under penalties of perjury I (we) certify that: 1) The Social Security or Tax ID number shown on this form is correct; 2) I am (we are) either exempt from withholding or otherwise not subject to backup withholding, and the Internal Revenue Service (IRS) has not notified me (us) that part of my (our) dividend and interest income is to be withheld as a result of my (our) failure to report all dividend and interest income; and 3) I am (we are each) a US. person (including a US. resident alien).*

*Note: Please draw a line through Item 2 above if you ARE subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this form other than the certifications required to avoid backup withholding. For more information on backup withholding, visit [www.irs.gov](http://www.irs.gov).*

To complete your Investment application sign here and either:

- Make a check for the amount of your investment payable to "CFR," or
- Complete the Electronic Funds Transfer information (Section 6), attach a voided check, and indicate the amount of investment in Section 4 (Type of Investment).

RIGHT TO WITHDRAW: PENNSYLVANIA RESIDENTS, YOU HAVE THE RIGHT TO WITHDRAW FROM YOUR PURCHASE OF THESE SECURITIES AS DESCRIBED UNDER "NOTICE OF RIGHT TO WITHDRAWAL" ON PAGE 3 OF THE OFFERING CIRCULAR.

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

*This application serves as a Substitute W-9 Form. CFR is required to obtain your correct Social Security Number (SSN) in order to report to the Internal Revenue Service (IRS) interest paid to you. CFR, like any other payer of interest or dividends, must withhold 28% of interest paid to you if you fail to furnish CFR with the correct SSN or if you fail to sign the acknowledgement at the bottom of this Application. This is referred to as "backup withholding." For more information on backup withholding, visit [www.irs.gov](http://www.irs.gov). Please note that this is neither an offer to sell nor a solicitation of an offer to buy Christian Financial Resources securities. Such an offer is made by an Offering Circular and only in those states where Christian Financial Resources securities may lawfully be offered or sold. Christian Financial Resources securities are subject to certain risk factors as described in the Offering Circular and are not F.D.I.C. or S.I.P.C. insured nor are they bank deposits. NOTE: CFR has the right to call Certificates for redemption at any time upon sixty (60) days written notice. In such event, interest will be paid on the date of redemption. \*\*Authorization for telephone transfers gives Christian Financial Resources, Inc. the rights to transact business with their investors where a written request may have been required. \*IRA investments are excluded from telephone transfers.*