

APPLICANT INFORMATION PLEASE Must be at last 18 years old. If to be titled in trust Name:	t, application must accompany full tru			
Street Address:				
City/State/Zip:				
		Email:		
Date of Birth: / / /	Social Security #:			
JOINT APPLICANT INFORMATION Must be at least 18 years old. One or more owner interest is reported to the IRS using the Social Selection. Name:	rs with full rights of survivorship and no ecurity number of the first owner listed.			
Street Address:				
City/State/Zip:				
Phone:	Email:			
Date of Birth: / /	Social Security #:			
INVESTMENT SELECTION Flexible Demand Note Minimum \$50 investment Flexible Demand Plus Note Minimum \$100 monthly ACH deposit 3-Month Term Note Minimum \$500 investment 6-Month Term Note Minimum \$500 investment	□ 12-Month Term Note Minimum \$500 investment □ 24-Month Term Note Minimum \$500 investment □ 36-Month Term Note Minimum \$500 investment □ 36-Month Creation Care Term Note Minimum \$500 investment at 3.000% per annum □ 60-Month Term Note Minimum \$500 investment	Giving Bonus If selected, choose Giving Bonus(es) LGBTQIA+ Giving Bonus Minimum \$2,500 investment Racial Equity Giving Bonus Minimum \$2,500 investment Church Giving Bonus Minimum \$10,000 investment Mission Giving Bonus Minimum \$25,000 investment		
INVESTMENT SOURCE PLEASE SELECT OF New Investment by Check \$Check enclosed. All checks payable to the United Church of Reinvestment of Matured Note (#		w Investment by ACH \$ □ Checking Account (attached voided check) □ Savings Account (attached deposit slip) Routing # Account #		
PLEASE SELECT ONE	al Only	Account #		



" WITEDEAT DIOTE	CIBUTION				
INTEREST DISTR					
Accrue (add) to	my investment se	emi-annually			
Please Select ONE	■Semi-annually	Quarterly	■ Monthly (for balances of \$10,000 or mo	oral	
PLEASE SELECT ONE	■Pay by check	•	osit to bank account (attached voided check)	леј	
FLENOL VELLO. S	■ Pay by Glicon	•	nk Name:		
Signature					
5				Date	
				Date	
Signature of Joint	Owner or Trustee			Date	
7:222.206	THE PER IT				
	PAPER DOCUMENT DELIVERY OPT-IN All Cornerstone Fund documents are delivered electronically in order to help protect				
			vered electronically in order to he need to receive paper documen		
	this box to opt		need to receive paper document	ls IIOIII us,	
Picade 6.165					
FOR FLEXIBLE DE	FMAND PLUS N	OTES ONLY PL	EASE PRINT CLEARLY		
I authorize the Unite	ed Church of Christ (Cornerstone Fund	d, Inc. and the respective Bank to initiate a	monthly	
withdrawal in the am	mount of \$	(a require	ed minimum \$100 per month) on the (circle	e one) <u>1st</u> or	
			of Christ Cornerstone Fund, Inc. and the resents for any debit/credit in error to my acc		
below.	Thecessary credit en	Atries or aujusum	ents for any debit/credit in entire to my acc	OUNT listed	
ACCOUNT TYPE	PLEASE SELECT ONE				
☐ Checking Account	t (attached voided ched	ck)			
Savings Account (attached deposit slip)	Routing #	Account #		
L					
FOR GIVING BONUS 60-MONTH TERM NOTES ONLY PLEASE PRINT CLEARLY					
You are instructed to forward \$ (a minimum of 10% of the note amount) to the following United Church of Christ church, Association, Conference, or related organization or entity as a gift.					
Name of Church or En	ıtity:				
Purpose or Designatio	on:		Contact Name:		
Street Address:			City/State/7in		

CONTINUED ON PAGE 3



PERSONAL INVESTMENT APPLICATION

CERTIFICATIONS

I hereby acknowledge receipt of the Offering Circular of the United Church of Christ Cornerstone Fund, Inc. (Cornerstone Fund) and further represent that I/we are members of, contributors to (including investors), or participants in the United Church of Christ or the Cornerstone Fund or in any program, activity or organization which constitutes a part of the United Church of Christ or Cornerstone Fund, Inc. or in any other protestant church organizations which have a programmatic relationship with the United Church of Christ or the Cornerstone Fund, Inc.

Further, under penalties of perjury, I certify (1) that the number shown on the forms is my correct taxpayer identification number, and (2) that I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

EVERY PENNSYLVANIA PURCHASER OF THE SECURITIES DESCRIBED IN THIS APPLICATION HAS THE RIGHT TO WITHDRAW FROM THE PURCHASE WITHIN TWO BUSINESS DAYS. SEE PAGES iii AND iv OF THE OFFERING CIRCULAR FOR MORE INFORMATION AND INSTRUCTIONS.

MAKE ALL CHECKS PAYABLE TO THE UNITED CHURCH OF CHRIST CORNERSTONE FUND, INC.

To confirm acceptance, the Cornerstone Fund, Inc. will mail to the person to whom interest on the Note is payable an executed copy of the Note purchased

1300 East 9th Street, #1605 Cleveland, Ohio 44114 888-UCC-FUND (822-3863) - cornerstonefund.org