

APPLICANT INFORMATION PLEASE IN Must be at last 18 years old. If to be titled in trust, Name:	appl	ication must accompany full trus				
Street Address:						
City/State/Zip:						
Phone:	_	Email:				
Date of Birth: / / /		Social Security #:				
JOINT APPLICANT INFORMATION PLEASE PRINT CLEARLY. Must be at least 18 years old. One or more owners with full rights of survivorship and not tenants in common. Interest is reported to the IRS using the Social Security number of the first owner listed. Name:						
Street Address:						
City/State/Zip:						
Phone:		Email:				
Date of Birth: / /	_	Social Security #:				
INVESTMENT SELECTION Flexible Demand Note		24-Month Term Note Minimum \$500 investment	Giving Bonus If selected, choose Giving Bonus(es)			
Minimum \$50 investment		36-Month Term Note Minimum \$500 investment	☐ LGBTQIA+ Giving Bonus			
Flexible Demand Plus Note Minimum \$100 monthly ACH deposit 3-Month Term Note		36-Month Creation Care Term Note Minimum \$500 investment at 3.000% per annum	Minimum \$2,500 investment Racial Equity Giving Bonus Minimum \$2,500 investment			
Minimum \$500 investment		36-Month Disaster Care Term Note	Church Giving Bonus Minimum \$10,000 investment			
6-Month Term Note Minimum \$500 investment		Minimum \$500 investment at 3.000% per annum	Mission Giving Bonus			
12-Month Term Note Minimum \$500 investment		60-Month Term Note Minimum \$500 investment	☐ Minimum \$25,000 investment			
INVESTMENT SOURCE PLEASE SELECT ON	NE	□ New	Investment by ACH \$			
New Investment by Check \$	Christ		Checking Account (attached voided check)Savings Account (attached deposit slip)			
■ Reinvestment of Matured Note (#	Only	Portion of Note (\$)	Routing # Account #			
□Transfer From Note (#	_) \$	·				



PERSONAL INVESTMENT APPLICATION

INTEREST DISTF	INTEREST DISTRIBUTION PLEASE SELECT ONE							
Accrue (add) to my investment semi-annually								
Pay directly PLEASE SELECT ONE	■Semi-annually	Quarterly	■ Monthly (for balances of \$10,000 or more)					
PLEASE SELECT ONE	■ Pay by check	•	osit to bank account (attached voided check)					
PLEAGE GLELOT CITE	■ Pay by check	•						
	Bank Name:							
ELECTRONIC	DELIVERY AGRE	EMENT						
			cluding a copy of the United Church of Christ					
	-	•	e Cornerstone Fund to send to my household, via					
	-	•	ng Circular is available for review on the					
•	•		I other documentation and statements are delivered					
	via web portal. I understand that I may revoke this request at any time or change the delivery							
address by contacting the Cornerstone Fund.								
audi 600 2, 22.	tacting the service	Storie i di.a.						
<u> </u>								
FOR FLEXIBLE DE	FMAND PLUS N	OTFS ONLY PL	FASE PRINT CLEARLY					
			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 one) <u>1st</u> or					
15th of each month. I also authorize the United Church of Christ Cornerstone Fund, Inc. and the respective Bank to								
initiate credit and/or below.	initiate credit and/or necessary credit entries or adjustments for any debit/credit in error to my account listed below							
20.0	ACCOUNT TYPE PLEASE SELECT ONE							
☐ Checking Account		ck)						
Savings Account (fattached deposit slip)	Routing #	Account #					
FOR GIVING BO	ONLIS 60-MONT	H TFRM NOTE	S ONLY PLEASE PRINT CLEARLY					
		_						
Christ church, Associa	ation, Conference, or re	elated organization	of 10% of the note amount) to the following United Church of or entity as a gift.					
Name of Church or En	ıtity:							
Purpose or Designation	on:		Contact Name:					
	Street Address: City/State/Zip:							
	<u></u>							

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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 previous 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 the Cornerstone Fund, or in any other Faith-Based Organization, grant-making organization, foundation or other entity which is missionally aligned with the Cornerstone Fund, (the "Limited Class"), or such other persons or entities having a reasonable association or affiliation with the Limited Class, as determined by the Cornerstone Fund, such as (1) family members of persons in the Limited Class, (2) entities controlled by or under common control with members of the Limited Class, (3) employees of the Cornerstone Fund or any organizations affiliated with the United Church of Christ, and (4) other reasonably associated or affiliated institutional investors that are nonprofit religious organizations.

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 a 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.

Signature	
	Date
Signature of Joint Owner or Trustee	Date

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

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