



APPLICANT INFORMATION PLEASE PRINT CLEARLY.

Church/Organization Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Tax ID/EIN #: _____

Signer Name 1: _____ Signer Name 2: _____

Contact Name: _____

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

☐ **36-Month Disaster Care Term Note**
Minimum \$500 investment at 3.000% per annum

☐ **60-Month Term Note**
Minimum \$500 investment

☐ **Special Term Note (please specify below)**

☐ **60-Month Term Note with 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 ONE

☐ **New Investment by Check \$** _____
Check enclosed. All checks payable to the United Church of Christ Cornerstone Fund, Inc.

☐ **Reinvestment of Matured Note (#** _____ **)**
PLEASE SELECT ONE ☐ Entire Balance ☐ Principal Only ☐ Portion of Note (\$ _____)

☐ **Transfer From Note (#** _____ **)**

☐ **New Investment by ACH \$** _____

☐ Checking Account (attached voided check)

☐ Savings Account (attached deposit slip)

Account # _____

Routing # _____

INTEREST DISTRIBUTION PLEASE SELECT ONE

☐ **Accrue (add) to my investment semi-annually**

☐ **Pay to Living Stones Endowment**

☐ **Pay directly** PLEASE SELECT ONE ☐ Semi-annually ☐ Quarterly ☐ Monthly (for balances of \$10,000 or more)

PLEASE SELECT ONE ☐ Pay by check ☐ Direct Deposit to bank account (attached voided check)

Bank Name: _____

Routing # _____ Account # _____

☐ **ELECTRONIC DELIVERY AGREEMENT**

In lieu of receiving mailed document delivery, including a copy of the United Church of Christ Cornerstone Fund Offering Circular, I request the Cornerstone Fund to send to my household, via email or web portal, a notification that the Offering Circular is available for review on the Cornerstone Fund website. I also request that all 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.

ORGANIZATION INVESTMENT APPLICATION

FOR FLEXIBLE DEMAND NOTES ONLY PLEASE PRINT CLEARLY

I authorize the United Church of Christ Cornerstone Fund, Inc. and the respective Bank to initiate a monthly withdrawal in the amount of \$_____ (a required minimum \$100 per month) on the (circle one) 1st 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 necessary credit entries or adjustments for any debit/credit in error to my account listed below.

ACCOUNT TYPE PLEASE SELECT ONE

- ☐ Checking Account (attached voided check)
- ☐ Savings Account (attached deposit slip) Routing # _____
Account # _____

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 Entity: _____

Purpose or Designation: _____ Contact Name: _____

Street Address: _____ City/State/Zip: _____

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.

SIGNATURES

By signing this application, I agree to the certification statements on page two of this application.

Authorized Signature Date

Authorized Signature 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

1300 East 9th Street, #1605 Cleveland, Ohio 44114

888-UCC-FUND (822-3863) - cornerstonefund.org



Authorized Signers & Contacts

Organization Name and Address

Organization Name: _____

Organization Address: _____

Phone Number: _____ Email Address: _____

Primary Contact Persons for your Account (*two contacts are required*)

Printed Name

Title/Role in Organization

Phone Number: _____ Email Address: _____

Printed Name

Title/Role in Organization

Phone Number: _____ Email Address: _____

Effective _____, the authorized signers on our investment accounts with the Cornerstone Fund are (*at least two signers required. Contact persons and signers can be the same people. Phone # & email address also required for each signer*):

Printed Name and Title

Signature

Phone Number: _____ Email Address: _____

Printed Name and Title

Signature

Phone Number: _____ Email Address: _____

Printed Name and Title

Signature

Phone Number: _____ Email Address: _____

Printed Name and Title

Signature

Phone Number: _____ Email Address: _____

If you have any questions, please contact the Cornerstone Fund Investment Department at info@cornerstonefund.org or call 888-822-3863.

United Church of Christ Cornerstone Fund, Inc.
1300 9th Street, Suite 1605, Cleveland, OH 44114
cornerstonefund.org



**United Church of Christ Cornerstone Fund, Inc.
Authorized Trusted Contact**

Account Holder Personal Information

Name: _____ Account Number: _____

Address: _____

Phone Number: _____ Email Address: _____

Trusted Contact Personal Information

Name: _____

Relationship to Account Holder: _____

Address: _____

Phone Number: _____ Email Address: _____

Designating a trusted contact does not give any rights or permissions to the contact. It is a back-up contact who we will contact in the case of suspected fraud, financial exploitation, and/or inability to contact main account holder.

Signature of Account Holder

Date

If you have any questions, please contact the Cornerstone Fund Investment Department at info@cornerstonefund.org or call 888-822-3863.

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