

APPLICATION TO PURCHASE A CERTIFICATE – INDIVIDUAL(S)

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PAYABLE ON DEATH OPTIONS: (Please check one)

Note: *If the Certificate is held by more than one owner as joint tenants with right of survivorship, the Payable on Death option selected below will apply only upon the death of the last surviving joint tenant.*

Yes, I/we hereby designate the POD beneficiary(ies) listed below, in the respective percentages specified; **or**

No, I/we do not wish to designate a POD beneficiary(ies).

If “yes,” please include your designated beneficiary(ies)

Beneficiary Name: _____ Percentage: _____ %

Address: _____
Street City State Zip

Beneficiary Name: _____ Percentage: _____ %

Address: _____
Street City State Zip

OWNER CERTIFICATIONS: Each of the undersigned hereby (i) acknowledges receipt of the Offering Memorandum dated August 16, 2025 of the Georgia United Methodist Foundation, Inc., (ii) confirms that he or she is 18 years of age or older, (iii) confirms that he or she is a resident of the State of Georgia, (iv) confirms that prior to receipt of the Offering Memorandum, he or she was a member of, contributor to, or participant in the United Methodist Church or a connectional unit of the Church (as defined in the Offering Memorandum), or was an ancestor, descendant or successor in interest to such a person, and (v) confirms that he or she is acquiring the Certificate(s) subscribed for hereby for investment, for his or her own account, and not for transfer or re-sale.

TAX CERTIFICATION: *Under the penalties of perjury, each of the undersigned owners individually certifies that he or she is a U.S. citizen or a legal U.S. Resident Alien, and that his or her social security number and the information regarding backup withholding set forth on this application are true, correct and complete.*

Please check the box if you have been notified by the Internal Revenue Service that you are subject to backup withholding.

EMAIL NOTICE CONSENT: Section 14-3-141 of the Georgia Code permits notice to be given by electronic transmission, by checking the box you hereby provide your revocable consent to receive notice pursuant to this Offering Circular by electronic transmission.

EMAIL ADDRESS FOR NOTICE: _____

[PLEASE SIGN ON THE FOLLOWING PAGE]

PLEASE SIGN BELOW

Owner

Owner's Signature

Date

Joint Owner (if applicable)

Owner's Signature

Date

NOTE: Two signatures are required for joint ownership, regardless of any other information set forth herein.

NO CERTIFICATE, NOR ANY INTEREST THEREIN, MAY BE SOLD OR TRANSFERRED, DIRECTLY OR INDIRECTLY, TO ANY PERSON OR ENTITY, EXCEPT WITH THE EXPRESS WRITTEN CONSENT OF THE ISSUER OF SUCH SECURITIES.

FOR ADDITIONAL INFORMATION, PLEASE CALL THE FOUNDATION AT (770) 449-6726.