



APPLICATION TO PURCHASE A CERTIFICATE – TRUST
(Includes Required Information for IRS Form W-9)

Please complete the following application to purchase a Certificate (Please print).

TRUSTEE NAME: \_\_\_\_\_

TITLE AND DATE OF TRUST INSTRUMENT: \_\_\_\_\_
(YOU MUST ATTACH A COPY OF THE TRUST INSTRUMENT TO THIS APPLICATION)

FEDERAL TAXPAYER IDENTIFICATION # OF TRUST: \_\_\_\_\_

NOTE: If the Trust is a grantor trust, please provide, instead, the name and Federal Taxpayer ID of the grantor of the Trust or other person treated as the owner of the Trust for federal income tax purposes:

Name of Grantor or Other Owner: \_\_\_\_\_
Federal Taxpayer ID of Grantor or Other Owner: \_\_\_\_\_

TRUST MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TOTAL AMOUNT OF INVESTMENT: \$ \_\_\_\_\_ [Minimum Investment: \$5,000.00] divided as follows:

Table with 2 columns: TERM and Investment. Rows include One Year Certificate, Two Year Certificate, Three Year Certificate, and Four Year Certificate.

INCOME DISTRIBUTION OPTIONS: (please check one)

- Send interest payments quarterly
Electronic Funds Transfer (ATTACH VOIDED CHECK)

Name of Bank Routing # Account #

- Check issued by the Foundation to the address above.

OR

- Reinvest interest payments quarterly

\* Please make your check payable to: Georgia United Methodist Foundation and deliver, along with this application to: Georgia United Methodist Foundation, PO Box 922087, Peachtree Corners, GA 30010

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**GENERAL CERTIFICATIONS:**

The undersigned Trustee hereby (i) acknowledges receipt of the Offering Memorandum dated August 16, 2025 of the Georgia United Methodist Foundation, Inc., (ii) confirms that he, she, or it is the duly appointed and serving trustee of the Trust, (iii) confirms that he, she or it is either a U.S. Citizen, a legal U.S. Resident Alien, or an entity organized under the laws of the United States and doing business in the State of Georgia, (iv) confirms that, if an individual, he or she is a resident of the State of Georgia, and if an entity, its principal place of business is located in the State of Georgia, (v) confirms that, if the Trust is a grantor trust, the settlor is a resident of the State of Georgia, (vi) confirms that prior to receipt of the Offering Memorandum, the settlor and/or the beneficiaries of the Trust 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 (vii) confirms that the Trust is acquiring the Certificate(s) subscribed for hereby for investment, for its own account, and not for transfer or re-sale.

**TAX CERTIFICATION:** *Under the penalties of perjury, the undersigned Trustee certifies that the taxpayer identification number and the information regarding backup withholding set forth in this application are true, correct and complete. The undersigned acknowledges that any interest earned on a Certificate issued pursuant to this application: (i) in the case of a grantor trust, will be reported to the taxpayer identification number of the settlor or other person treated as owner of the Trust for income tax purposes, but will be delivered to the Trustee; or (ii) in the case of any other trust, will be reported to the taxpayer identification number of the Trust, but will be delivered to the Trustee.*

Please check either box below if the statement beside it applies to the Trust:

Please check this box if the Trust is a **grantor trust** and the settlor or other person treated as owner of the Trust for federal income tax purposes has been notified by the Internal Revenue Service that such person is subject to backup withholding.

Please check this box if the Trust is **not** a grantor trust and the Trustee has been notified by the Internal Revenue Service that the Trust is 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 Memorandum by electronic transmission.

EMAIL ADDRESS FOR NOTICE:

\_\_\_\_\_  
**Signature of Authorized Person for Trustee**

**Date**

\_\_\_\_\_  
**Name of Trustee**

\_\_\_\_\_  
**Signer's Title (if applicable)**

**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.**