APPLICATION TO PURCHASE A CERTIFICATE – ENTITY

(Includes Required Information for IRS Form W-9)

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

ENTITY NAME: _____

ENTITY FEDERAL TAXPAYER IDENTIFICATION NO: _____

MAILING ADDRESS:_____

CITY, STATE,ZIP:_____

TELEPHONE: (_____)_____

EMAIL ADDRESS: _____

TOTAL AMOUNT OF INVESTMENT: $_____ [*Minimum Investment: $5,000.00*]

***divided as follows*:**

TERM:	**Investment**
_____ One Year Certificate	$_____
_____ Two Year Certificate	$_____
_____ Three Year Certificate	$_____
_____ 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**

(*continued on next page*)

GENERAL CERTIFICATIONS:

The undersigned hereby (i) acknowledges receipt of the Offering Memorandum dated August 16, 2026 of the Georgia United Methodist Foundation, Inc., (ii) confirms that he, she, or it is a duly authorized representative of the Entity, and has all necessary legal right, power and authority to execute this application on behalf of the Entity any by his or her signature to act for and bind the Entity, (iii) confirms that the Entity was not organized for the specific purpose of making this investment, (iv) confirms that the Entity has its principal place of business located in the State of Georgia, (v) confirms that prior to receipt of the Offering Memorandum, either or both of the Entity or the owner(s) of the Entity 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 (vi) confirms that the Entity 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, I certify that the taxpayer identification number and the information regarding backup withholding set forth in this application are true, correct and complete. I acknowledge that any interest earned on a Certificate issued pursuant to this application will be reported to the taxpayer identification number of the Entity.***

Please check the box if the Entity has been notified by the Internal Revenue Service that it 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 Circular by electronic transmission.

EMAIL ADDRESS FOR NOTICE: _____

ENTITY NAME:_____

SIGNATURE:_____

PRINT NAME OF SIGNER:_____

TITLE OF SIGNER:_____

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.