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

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

Note: If a joint owner is designated below, the Certificate(s) will be issued to the owners as ***joint tenants with right of survivorship***. All correspondence will be addressed only to the first-named owner.

Owner Information	**Joint Owner Information** (if applicable)
Name: _____	**Name:** _____
Social Security No: _____	**Social Security No:** _____
Address: _____	**Address:** _____
_____	_____
_____	_____
Telephone: (_____) _____	**Telephone:** (_____) _____
Secondary Telephone: (_____) _____	**Secondary Telephone:** (_____) _____
E-Mail: _____	**E-Mail:** _____
Church Congregation Name: _____	**Church Congregation Name:** _____

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*)

APPLICATION TO PURCHASE A CERTIFICATE – INDIVIDUAL(S)
Page 2

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, 2026 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.