

MB LOAN FUND PURCHASE APPLICATION AND AGREEMENT

SECTION I: CERTIFICATE OPTIONS

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| <input type="checkbox"/> Demand Certificate

<input type="checkbox"/> Advantage Certificate ¹
Employer: _____ | <input type="checkbox"/> Term Certificate
Term: <input type="checkbox"/> 1-yr <input type="checkbox"/> 2-yr <input type="checkbox"/> 3-yr <input type="checkbox"/> 4-yr <input type="checkbox"/> 5-yr

<input type="checkbox"/> Other: <u>10 month – Special Rate</u> |
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INITIAL INVESTMENT: \$ _____ (At least \$100 for Demand and Advantage Certificates, and \$1,000 for a Term Certificate.)
FUNDING METHOD: Check (payable to MB Loan Fund) Electronic Transfer (please complete #9 on back)

INTEREST REDEMPTION: Interest accrues daily and may be added to your Certificate principal monthly OR automatically remitted to you. Amount of payable interest must exceed a minimum of \$50 per remittance.
 Reinvest interest to principal Pay interest automatically monthly (please complete #9 on back)

SECTION II: APPLICANT AND OWNERSHIP INFORMATION

OWNERSHIP TYPE: Single Joint⁴ Trust⁵ Organization

Trust Name / Organization Name (if applicable)	EIN	Date of Trust Agreement (if applicable)
Name of Primary Applicant / Authorized Signer	Name of Joint Applicant / Authorized Signer (if applicable)	
Street Address	Street Address (if different than Primary's)	
City, State & Zip	City, State & Zip	
Mailing Address (if different than above)	Mailing Address (if different than above)	
SSN	Date of Birth	Main Phone
E-mail Address	E-mail Address	
Church	Church (if different than Primary's)	

SECTION III: PAY ON DEATH (OPTIONAL)

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| <input type="checkbox"/> PRIMARY BENEFICIARY By checking this box, you authorize MBLF to pay the principal and accrued interest on your Certificate to the 501(c)(3) tax-exempt organization or beneficiaries identified below at your death.

Name of tax-exempt organization or individual beneficiary

Address

City, State and Zip

SSN / EIN Main Phone | <input type="checkbox"/> CONTINGENT BENEFICIARY You may designate a contingent beneficiary to receive the principal and accrued interest on your Certificate at your death, in the event that the designated beneficiary predeceases you.

Name of tax-exempt organization or contingent beneficiary

Address

City, State and Zip

SSN / EIN Main Phone |
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If you have completed Section III, please review Paragraph 7 of Section IV (on the other side of this page) carefully and complete it as necessary.

