



MISSION DEVELOPMENT CERTIFICATES

P.O. Box 423, Seahurst, WA 98062

Tel: 206.971.4603 or 1.866.211.8230

Email: invest@mdcprogram.org

Application for Investment Purchase

New Application

Reinvestment

Change of Information

1. OWNERSHIP

Owner

Name¹ _____

Social Security or Tax ID No.²: _____

Street: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Date of Birth: _____

Co-Owner

Name: _____

Social Security or Tax ID No.: _____

Street: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Date of Birth: _____

2. TYPE OF OWNERSHIP

- | | |
|--|--|
| <input type="radio"/> Individual | <input type="radio"/> Married person as separate property ³ |
| <input type="radio"/> Community Property | <input type="radio"/> Joint Tenants with Right of Survivorship |
| <input type="radio"/> Tenants in Common | <input type="radio"/> Trust (complete section A below) |
| <input type="radio"/> Corporation | <input type="radio"/> Custodian (complete section B below) |
| <input type="radio"/> Unincorporated Association | |

Section A – Investments held in trusts only (please include a copy of the trust document)

Name of Trust: _____ Name of Trustee: _____

Tax ID Number of Grantor or Trust⁴: _____ Name of Beneficiaries: _____

Section B – Custodial investments only (governed by the Uniform Transfers to Minors Act)

Minor's Name: _____ Minor's Birth Date: _____

Minor's Social Security Number: _____ Relationship to Owner: _____

3. CHURCH AFFILIATION

Church (or other organization) Name, City, and State⁵: _____

¹ Name of individual, corporation, or unincorporated association. If the note is to be held by a trust, list the name of the trust. If the note is to be held by a custodian under the Uniform Transfers to Minors Act (UTMA), list the name of the custodian.

² Leave blank for trusts or custodians; use section A or B instead.

³ Signature of spouse is required on page 2 for note to be considered separate property.

⁴ Use the Social Security Number for the grantor unless the trust has a separate Tax ID number.

⁵ Name, city, and state of church (or other organization) where the owner is a member, contributor, or listed participant. For trusts and custodians, use the church where the beneficiary or the minor, respectively, is a member, contributor, or listed participant.

4. INVESTMENT AMOUNT

Amount to be invested or re-invested: \$ _____

If reinvestment, certificate/investment number: _____

5. INVESTMENT TYPE

- Income Note – interest paid semi-annually
 - Income Note – interest paid quarterly (minimum \$10,000 investment)
 - Income Note – interest paid monthly (minimum \$10,000 investment)
 - Growth Note – interest compounded semi-annually and paid at maturity
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6. TERM OF NOTE

- 6-month
 - 12-month
 - 24-month
 - 36-month
 - 36-month JUMBO (minimum \$25,000 investment)
 - 60-month
 - 60-month JUMBO (minimum \$25,000 investment)
 - Mission Building Certificate⁶
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7. DISTRIBUTION UPON DEATH *(For additional beneficiaries, please contact us.)*

- My estate Mission Development Certificate Program The following individual/institution:

Name: _____ Relationship: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

8. ACKNOWLEDGEMENT

I (we) hereby certify that I have received and read the Offering Circular for the Mission Development Certificate Program. I (we) further certify that the information on this form is correct and that I am: (1) a member of, contributor to, or listed participant in the church or other organization listed in section 2 above (the "Church"); (2) purchasing the note as trustee of a trust where all of the beneficiaries are members of, contributors to, or listed participants in the Church; (3) purchasing the note as custodian under the Uniform Transfers to Minors Act for a minor who is a member of, contributor to, or listed participant in the Church; (4) purchasing the note as an authorized agent of the Church; or (5) an existing or former investor in the Mission Development Certificate Program. I (we) further certify that the Church was affiliated with the Presbyterian Church (U.S.A.) in the last 10 years or is an existing borrower in the MDC Program. I (we) further certify under penalty of perjury that: (1) the taxpayer identification numbers on this form are correct; and (2) I am (we are) not subject to backup withholding because (a) I (we) have not been notified by the IRS that I am (we are) subject to backup withholding as a result of failure to report all interest or dividends, or (b) the IRS has notified me (us) that I am (we are) no longer subject to backup withholding.

Signature of owner: _____ Date: _____

Signature of co-owner or spouse⁷: _____ Date: _____

**Make checks payable to: Mission Development Certificate Program
P.O. Box 423
Seahurst, WA 98062-0423**

invest@mdcprogram.org
www.mdcprogram.org (website)
www.facebook.com/mdcnw



⁶ Mission Building Certificates are only available to churches, presbyteries, or other Synod-affiliated organizations, not individuals.

⁷ Spouse's signature is required where a married couple purchases as tenants in common or joint tenants with right of survivorship, or when a married person purchases the note as his or her separate property.