



**MISSION DEVELOPMENT CERTIFICATES**

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# Reinvestment Form

## 1. INVESTOR INFORMATION

Owner: \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_  
Co-Owner (if applicable): \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

## 2. MATURING INVESTMENT INFORMATION

Investment Number: \_\_\_\_\_ Maturity Date: \_\_\_\_\_

Upon maturity I would like to reinvest my investment as follows:

### INVESTMENT TYPE

- Income Note – interest paid annually
- 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

### 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)

I would like to receive a one-time distribution of \$ \_\_\_\_\_ and renew the balance.

CURRENT INTEREST RATES AND OFFERING CIRCULAR CAN BE FOUND ON OUR WEBSITE AT [WWW.MDCNW.ORG](http://WWW.MDCNW.ORG).

**WASHINGTON RESIDENTS ONLY: YOU MUST AFFIRMATIVELY ELECT TO REINVEST**, or your certificate will be returned at maturity.

**ALL OTHER INVESTORS** who wish to renew, please return this form. Otherwise, your investment will automatically renew at the current one-year interest rate.

## 3. ACKNOWLEDGMENT

Print Name \_\_\_\_\_ Print Co-Owner Name \_\_\_\_\_  
Signature \_\_\_\_\_ Signature of Co-Owner \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please contact us at 866-211-8230 or 206-971-4603.