



## 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

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### 1. OWNERSHIP

#### Owner

Name<sup>1</sup> \_\_\_\_\_

Social Security or Tax ID No.<sup>2</sup>: \_\_\_\_\_

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: \_\_\_\_\_

Sign me up for Online Access to my account (email required, above)

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### 2. TYPE OF OWNERSHIP

Sole Ownership

Community Property

Tenants in Common

Joint Ownership (JTWROS)

Trust (complete section A below)

Custodial (complete section B below)

#### **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 Trust<sup>3</sup>: \_\_\_\_\_ 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: \_\_\_\_\_

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### 3. CHURCH AFFILIATION

Church (or other organization) Name, City, and State<sup>4</sup>: \_\_\_\_\_

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<sup>1</sup> 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.

<sup>2</sup> Leave blank for trusts or custodians; use section A or B instead.

<sup>3</sup> Use the Social Security Number for the grantor unless the trust has a separate Tax ID number.

<sup>4</sup> 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.

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#### 4. INVESTMENT AMOUNT

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

If reinvestment, certificate/investment number: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
MM/DD/YY

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#### 5. 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
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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 Certificate<sup>5</sup>
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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: \_\_\_\_\_

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#### 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 spouse<sup>6</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

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

invest@mdcprogram.org  
www.mdcnw.org (website)



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<sup>5</sup> Mission Building Certificates are only available to churches, presbyteries, or other Synod-affiliated organizations, not individuals.

<sup>6</sup> 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.