



MISSION DEVELOPMENT CERTIFICATE PROGRAM

P.O. Box 423, Seahurst, WA 98062

Tel: 206.971.4603

Email: invest@mdcprogram.org

Application for Investment Purchase

For Churches, Organizations, and Related Ministries

1. OWNERSHIP

Owner

Name: _____ Tax ID No.: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

2. INVESTMENT AMOUNT

Amount to be invested: \$ _____

3. 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

4. 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

5. ELECTRONIC FUNDS TRANSFER

I desire to have the Mission Development Certificate Program process any request for electronic transfers indicated on this Purchase Application from:

My existing bank account on file with: _____ ending in _____.
(Bank Name) *(last 3 digits)*

A new bank account as listed on the MDC Direct Deposit Authorization Form (available from our website:
<https://www.mdcnw.org/investments/investment-forms>)

6. AUTHORIZATION

The duly appointed representatives of the Organization, named below, are authorized to act for, on behalf of, and in the name of the Organization in connection with the Organization’s MDC investment accounts:

Representative 1	Representative 2	Representative 3 (Optional)
(NAME)	(NAME)	(NAME)
(TITLE)	(TITLE)	(TITLE)
(PHONE)	(PHONE)	(PHONE)
(EMAIL)	(EMAIL)	(EMAIL)
(SIGNATURE)	(SIGNATURE)	(SIGNATURE)
Online Access (choose one): <input type="radio"/> Full privileges <input type="radio"/> Read-only <input type="radio"/> No access needed	Online Access (choose one): <input type="radio"/> Full privileges <input type="radio"/> Read-only <input type="radio"/> No access needed	Online Access (choose one): <input type="radio"/> Full privileges <input type="radio"/> Read-only <input type="radio"/> No access needed

Any listed Representative is hereby authorized to execute and deliver to MDC Program one or more renewals, extensions, or modifications thereof.

7. CERTIFICATION

I hereby certify that I have received and read the Offering Circular for the Mission Development Certificate Program. I further certify that the information on this form is correct, that I am purchasing the note as an authorized agent of the organization listed in section 1 above (the “Organization”), and that the Organization will own the note.

I certify under penalties of perjury that: (1) the taxpayer identification number shown on this form for the Organization is correct; (2) the Organization is not subject to backup withholding because (a) it is exempt from backup withholding, (b) it has not been notified by the IRS that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding; and (3) the Organization is a “U.S. person” (as defined for purposes of IRS Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of authorized representative: _____ Date: _____

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

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

