



MISSION DEVELOPMENT CERTIFICATE PROGRAM

P.O. Box 423, Seahurst, WA 98062

Tel: 206.971.4603

Email: invest@mdcprogram.org

Application for Investment Purchase

For Individuals

1. OWNERSHIP

Owner

Co-Owner

Name¹ : _____

Name: _____

Social Security or Tax ID No.² : _____

Social Security or Tax ID No.: _____

Street³ : _____

Street: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Date of Birth: _____

Date of Birth: _____

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

2. TYPE OF OWNERSHIP

Sole Ownership

Joint Ownership (JTWROS)

Community Property

Trust (complete section A below)

Tenants in Common

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 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 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 Enter the owner's residential home address (not a P.O. Box).

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: \$ _____

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)
-

7. DISTRIBUTION UPON DEATH *(For additional beneficiaries, please contact us.)*

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

Name: _____ Date of Birth: _____ SSN: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Relationship: _____

8. 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 and that I am: (1) a member of, contributor to, or listed participant in the church listed in section 3 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; or (4) an existing or former investor in the Mission Development Certificate Program.

I certify under penalties of perjury that: (1) each taxpayer identification number shown on this form is correct; (2) I am not subject to backup withholding, and each other owner listed on this form is not subject to backup withholding, because (a) we are exempt from backup withholding, (b) we have not been notified by the IRS that we are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified us that we are no longer subject to backup withholding; and (3) I am, and each other owner 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 owner: _____ Date: _____

Signature of co-owner or spouse⁵: _____ Date: _____

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

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



⁵ 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.