



MISSION DEVELOPMENT CERTIFICATE PROGRAM

P.O. Box 423, Seahurst, WA 98062

Tel: 206.971.4603

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Reinvestment Form

1. INVESTOR INFORMATION

Owner: _____ SSN/Tax ID (Last 4 digits) _____

Co-Owner (if applicable): _____ SSN/Tax ID (Last 4 digits) _____

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.

Close investment and distribute full balance.

CURRENT INTEREST RATES AND OFFERING CIRCULAR CAN BE FOUND ON OUR WEBSITE AT 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 206-971-4603.