

PURCHASE APPLICATION FORM

HOME MISSION COUNCIL OF THE EASTERN REGIONAL  
CONFERENCE OF THE CHURCHES OF GOD, GENERAL CONFERENCE

900 South Arlington Avenue, Suite 120B  
Harrisburg, Pennsylvania 17109-5024  
Telephone: 717-652-0255

CERTIFICATES OF INVESTMENT

<u>Type</u>	<u>Interest Rate</u> <sup>(1) (2)</sup>
\$3,000,000 OF CERTIFICATES OF INVESTMENT	
1 Year Maturity	Prime less 3½%; minimum 1%
2 Year Maturity	Prime less 3¼%; minimum 1¼%
3 Year Maturity	Prime less 3%; minimum 1½%
4 Year Maturity	Prime less 2½%; minimum 2%
5 Year Maturity	Prime less 2¼%; minimum 2¼%

<sup>(1)</sup> The prime rate is the U.S. prime rate published by The Wall Street Journal as of the May 1 or November 1 (or the next following business day if such date is a Saturday, Sunday, or holiday) most immediately preceding the date of issuance of the Certificate (or the date of the commencement of any renewal term, as the case may be).

<sup>(2)</sup> An additional ¼% interest is paid for a Certificate of Investment if the principal amount thereof is \$100,000 or more.

The minimum purchase of any Certificate of Investment is \$500.

**As explained in the Offering Circular, Pennsylvania residents have a two-day right to withdraw their purchase of Certificates. Prospective investors are encouraged to review the summary of that right set forth on the table of contents page of the Offering Circular, together with the other provisions of the Offering Circular.**

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APPLICATION

The undersigned, acknowledging receipt of an Offering Circular relating to the offering of the above Certificates of Investment, does hereby make application to purchase \$\_\_\_\_\_ of the following certificate:

One-year       Two-year       Three-year       Four-year       Five-year

THE CERTIFICATE SHOULD BE ISSUED TO AND REGISTERED IN THE NAME(S) BELOW. (Please clearly print the information requested)

Applicant 1: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

Applicant 2: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

If the Certificate is being purchased under the Uniform Gifts to Minors Act, check this box and print the custodian's name after "Applicant 1", and the minor's name after "Applicant 2" on page one of this application.

If joint registered applicants are named above, specify the type of tenancy:

Tenants in Common       Tenants with Equal Ownership

Tenants by the Entirety (Available for husband and wife owners only)

Please pay interest:

By Compounding       Monthly Check (Only applies if Certificate is for \$10,000 or more)

Quarterly Check       Semi-Annual Check       Annual Check

Additional instructions and comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant(s) and Date:

Applicant 1: \_\_\_\_\_ Dated: \_\_\_\_\_, 20\_\_\_\_

Applicant 2: \_\_\_\_\_ Dated: \_\_\_\_\_, 20\_\_\_\_