



APPLICATION FOR CERTIFICATE OF PARTICIPATION INVESTMENT FOR INDIVIDUAL(S)

Please complete the following application to purchase a Certificate of Participation. If choosing to set up the account as a joint investment, the account will be styled as joint tenants with right of survivorship.

The minimum investment for a Certificate of Participation is \$1,000.00.

Please make your check payable to:

Kansas Methodist Foundation
100 East First Ave., P.O. Box 605,
Hutchinson, Kansas 67504-0605

NAME OF OWNER(S): (Please print)

NAME 1 \_\_\_\_\_

NAME 2 \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ SS # \_\_\_\_\_

BIRTHDATE 1 \_\_\_\_\_ BIRTHDATE 2 \_\_\_\_\_

EMAIL \_\_\_\_\_

By providing your email address, you agree to receive annual account statements by email.

CHURCH NAME \_\_\_\_\_

MATURITY TERM: (Please check one) [ ] 12 Months [ ] 24 Months
INITIAL CERTIFICATE AMOUNT \$ \_\_\_\_\_
INTEREST PAYMENT: Please check whether interest is paid or reinvested.
[ ] Interest to be paid to owner [ ] semi-annually or [ ] quarterly (Please check one)
Interest can be paid by check or through direct deposit. For direct deposit, please include your bank name, routing number and account number and/or attach a voided check.
Bank Name \_\_\_\_\_
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_
[ ] Checking Account [ ] Savings Account
[ ] Interest to be reinvested automatically semi-annually and added to Certificate.
Interest will be reported to the Internal Revenue Service under the Social Security number of the first named owner of the Certificate of Participation.

PAYABLE ON DEATH OPTIONS: (Please check one) Please enclose an additional sheet if needed.

[ ] Yes, I would like to designate a P. O. D. beneficiary(ies). If "yes", please designate beneficiary(ies):

[ ] No, I do not wish to designate a P. O. D. beneficiary at this time.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ SS # \_\_\_\_\_

**EARLY WITHDRAWAL PENALTY:** Except as provided below, principal may not be withdrawn from this account before the maturity date (including any renewal thereof) without the consent of the Foundation, and a penalty may be charged for such early withdrawal. The penalty is three (3) months interest on the current principal balance not interest on the amount withdrawn. The penalty will be charged first against any interest in the account and then from the principal. This early withdrawal penalty and the Foundation's consent will be waived if: (i) the account owner dies, or (ii) is declared incompetent.

Unless an exception to the reporting requirement applies, the Foundation will report annually (or more frequently if required) to the primary owner of record of the Certificates and to the Internal Revenue Service with respect to the interest paid or credited to such primary owner of the Certificates.

The undersigned hereby makes application for investment in the amount indicated above in the Certificates offered by Kansas Area United Methodist Foundation, Inc. EIN: 48-0697195, known as the Kansas Methodist Foundation ("Foundation") as described in the Foundation's Offering Circular dated April 30, 2023 ("Offering Circular").

The undersigned certifies that a copy of the Offering Circular has been received. The undersigned further certifies that the undersigned is (i) over the age of eighteen (18) years; (ii) not under any disability which would require approval of any third person for this investment; (iii) acquiring the Certificates for personal investment and not with the intent of transferring the Certificates; (iv) a bona fide resident of the State of Kansas; and (v) is a congregant of a United Methodist Church or church within the Methodist movement as described in the Offering Circular. The undersigned understands and agrees that the undersigned's investment in Certificates will be held, governed and administered by the Foundation substantially as described in the Offering Circular. Each rollover of an investment at maturity will constitute certification by the undersigned that the foregoing certification remains true at the time of such rollover. If the undersigned moves out of the state of Kansas, the certificate will have to be redeemed at the next maturity date.

**Congress has enacted a provision of law requiring "Backup Withholding" which will require the Foundation to withhold 24% of the undersigned's interest payments unless the Foundation has been furnished a correct Social Security Number. To avoid this, please include your Social Security Number and sign the following IRS Certification.**

Under penalties of perjury, by signing below, the undersigned certifies that the number shown on this form is my correct Social Security Number. The undersigned further certifies that I am not now subject to Backup Withholding either: (a) because the IRS has not notified me that I am, or (b) the IRS has notified me that I am no longer subject to Backup Withholding.

The undersigned represents to the Foundation that: (i) he or she has not been designated by any agency or branch of the United States Government as a person with whom persons and entities are prohibited from entering into transactions by the applicable laws and regulations of the United States (e.g. member, sponsor or supporter of a terrorist organization) and (ii) without limitation of the foregoing, he or she has not been designated a "Specially Designated National" by the United States Office of Foreign Assets Control of the United States Department of Treasury.

**YES**, I have agreed to and accept the terms of the Foundation's Offering Circular dated April 30, 2023.

**YES**, We/I agree to be listed in the Foundation's Annual Report and publications.

\_\_\_\_\_  
Primary Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date