



APPLICATION FOR CERTIFICATE OF PARTICIPATION INVESTMENT FOR TRUST

Please complete the following application to purchase a Certificate of Participation. Please include a copy of the first page and the signature page(s) of the revocable trust agreement, and a copy of the portion of the trust agreement that names the successor trustee of the revocable trust. If there have been amendments to the original trust agreement that affect the selection of the successor trustee of the revocable trust, please provide copies of those amending documents.

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)

TRUSTEES \_\_\_\_\_

TITLE AND DATE OF TRUST INSTRUMENT \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO \_\_\_\_\_

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

TRUST TAX ID # \_\_\_\_\_

EMAIL \_\_\_\_\_

By providing your email address, you agree to receive annual fund statements and Offering Circular by email.

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

MATURITY TERM: (Please check one) [ ] 1 Year [ ] 2 Years
INITIAL CERTIFICATE AMOUNT \$ \_\_\_\_\_
INTEREST STRATEGY: Please check whether interest is reinvested monthly or paid semi-annually.
[ ] Interest to be reinvested monthly and added to Certificate.
[ ] Interest to be paid to owner semi-annually
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 will be reported to the Internal Revenue Service under the Social Security number of the first named owner of the Certificate of Participation.

**EARLY WITHDRAWAL PENALTY:** Except as provided below, principal may not be withdrawn from this account before the maturity date (including any renewal thereof) without the consent of the Foundation. A penalty may be charged for such early withdrawal. The penalty is three (3) months interest on the current principal balance of the Certificate. The penalty will be charged first against any interest in the account and then against 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 Methodist Foundation, Inc. ("Foundation") with an EIN of 48-0697195, as described in the Foundation's Offering Circular dated April 30, 2024 ("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, 2024.
- YES**, We/I agree to be listed in the Foundation's Annual Report and publications.

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Date