

The Alabama-West Florida United Methodist Development Fund, Inc.

Post Office Box 8066, Dothan, AL 36304

Phone: 334-793-6820 Fax: 334-794-6480

Email: foundation@alwfumf.org website: alwfumf.org

INDIVIDUALS

SUBSCRIPTION FORM FOR CERTIFICATES OF PARTICIPATION

(For Members of The Alabama-West Florida Conference of the United Methodist Church)

I/We hereby make application for investment in the Alabama-West Florida United Methodist Development Fund.

Amount: \$ _____ (\$100.00 minimum)

I/We certify that I/we have received a copy of the Offering Circular of the fund, and that I/we are members of The United Methodist Church. The Certificate of Participation is to be issued in the following name(s):

Name: _____ **SSN:** _____
Please print name as it is to appear on the Certificate.

****and** _____ **SSN:** _____
Please print the name of the joint tenant as it is to appear on the Certificate.

****and** _____ **SSN:** _____
Please print the name of the joint tenant as it is to appear on the Certificate.

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____ **Fax Number:** _____

Email Address: _____

Please designate your preferred method of receiving quarterly statements:
_____ **Regular Mail** **E-mail** _____

INTEREST is to be **PAID** by check the last day of each quarter **OR** **REINVESTED** (Please select one)

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____

Persons Authorized to make inquiries: _____

Make All Checks Payable to: The Alabama-West Florida United Methodist Development Fund

** Certificates of Participation may be issued in two or three names as "Joints Tenants with Right of Survivorship".

***Availability for withdrawal is contingent upon liquidity in the Fund.