

Post Office Box 8066, Dothan, AL 36304 Phone: 334-793-6820 Fax: 334-794-6480 Email: foundation@alwfumf.org Website: alwfumf.org

SUBSCRIPTION FORM FOR CERTIFICATES OF PARTICIPATION

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 viewed a copy of the Offering Circular of the fund, and that I/we are members of a United Methodist or a historically Wesleyan church. The Certificate of Participation is to be issued in the following name(s):	
Name: Please print name as it is to appear on the Certificate.	_ SSN:
**and Please print the name of the joint tenant as it is to appear on the Certificate.	SSN:
**and	
Mailing Address:	
City, State, Zip:	
Telephone Number: Fax N	umber:
Email Address:	
Preferred method of receiving quarterly statements: ☐ Mail ☐ Online Access INTEREST is to be ☐PAID by check the last day of each quarter OR ☐ REINVESTED (Please select one)	
Signed:	Date:
Signed:	Date:
Signed:	Date:
If any persons other than those above are authorized to make inquiries regarding this account, list them here:	

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".