



MISSION DEVELOPMENT CERTIFICATES

P.O. Box 423, Seahurst, WA 98062

Tel: 206.971.4603

Email: invest@mdcprogram.org

Application for Investment Purchase

For Churches, Organizations, and Related Ministries

1. OWNERSHIP

Owner

Name: _____ Tax ID No.: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

2. INVESTMENT AMOUNT

Amount to be invested: \$ _____

3. INVESTMENT TYPE

- Income Note – interest paid annually
- Income Note – interest paid semi-annually
- Income Note – interest paid quarterly (minimum \$10,000 investment)
- Income Note – interest paid monthly (minimum \$10,000 investment)
- Growth Note – interest compounded semi-annually and paid at maturity

4. TERM OF NOTE

- 6-month
- 12-month
- 24-month
- 36-month
- 36-month JUMBO (minimum \$25,000 investment)
- 60-month
- 60-month JUMBO (minimum \$25,000 investment)
- Mission Building Certificate

5. ELECTRONIC FUNDS TRANSFER

I desire to have the Mission Development Certificate Program process any request for electronic transfers indicated on this Purchase Application from:

My existing bank account on file with: _____ ending in _____.

(Bank Name)

(last 3 digits)

A new bank account as listed on the MDC Direct Deposit Authorization Form (available from our website:

<https://www.mdcnw.org/investments/investment-forms>

6. AUTHORIZATION

The duly appointed representatives of the Organization, named below, are authorized to act for, on behalf of, and in the name of the Organization in connection with the Organization’s MDC investment accounts:

Representative 1	Representative 2	Representative 3 (Optional)
(NAME)	(NAME)	(NAME)
(TITLE)	(TITLE)	(TITLE)
(PHONE)	(PHONE)	(PHONE)
(EMAIL)	(EMAIL)	(EMAIL)
(SIGNATURE)	(SIGNATURE)	(SIGNATURE)
Online Access (choose one): <input type="radio"/> Full privileges <input type="radio"/> Read-only <input type="radio"/> No access needed	Online Access (choose one): <input type="radio"/> Full privileges <input type="radio"/> Read-only <input type="radio"/> No access needed	Online Access (choose one): <input type="radio"/> Full privileges <input type="radio"/> Read-only <input type="radio"/> No access needed

Any listed Representative is hereby authorized to execute and deliver to MDC Program one or more renewals, extensions, or modifications thereof.

7. ACKNOWLEDGEMENT

I (we) hereby certify that I have received and read the Offering Circular for the Mission Development Certificate Program. I (we) further certify that the information on this form is correct and that I am: (1) a member of, contributor to, or listed participant in the church or other organization listed in section 2 above (the “Church”); (2) purchasing the note as trustee of a trust where all of the beneficiaries are members of, contributors to, or listed participants in the Church; (3) purchasing the note as custodian under the Uniform Transfers to Minors Act for a minor who is a member of, contributor to, or listed participant in the Church; (4) purchasing the note as an authorized agent of the Church; or (5) an existing or former investor in the Mission Development Certificate Program. I (we) further certify that the Church was affiliated with the Presbyterian Church (U.S.A.) in the last 10 years or is an existing borrower in the MDC Program. I (we) further certify under penalty of perjury that: (1) the taxpayer identification numbers on this form are correct; and (2) I am (we are) not subject to backup withholding because (a) I (we) have not been notified by the IRS that I am (we are) subject to backup withholding as a result of failure to report all interest or dividends, or (b) the IRS has notified me (us) that I am (we are) no longer subject to backup withholding.

Signature of authorized representative: _____ Date: _____

**Make checks payable to: Mission Development Certificate Program
 P.O. Box 423
 Seahurst, WA 98062-0423**

invest@mdcprogram.org
 www.mdcnw.org (website)

