

Institutional Investment

Owner Information

Name of Church/Organization/Institution	Daytime Phone	Tax ID Number	
Contact Name and Position	Email		
Mailing Address	City	State	ZIP
Physical Address (If different than above)	City	State	ZIP

Investment Note Terms

Enter the dollar amount for the term(s) you would like to open. See our Rate Chart for current rates and information about each option. *Terms are irrevocable.*

Fixed Rate	Amount (\$250 minimum per investment*)
<input type="checkbox"/> 5 Year Term*	\$ _____
<input type="checkbox"/> 3 Year Term*	\$ _____
<input type="checkbox"/> 2 Year Term*	\$ _____
<input type="checkbox"/> 18 Month Term*	\$ _____
<input type="checkbox"/> 12 Month Term*	\$ _____
<input type="checkbox"/> 6 Month Term*	\$ _____

* Investors should count on holding notes to maturity. Notes are not designed for early redemption. Early redemption, if allowed, may incur a penalty of up to 6 months' interest on note balance.

Variable Rate	
<input type="checkbox"/> Access 5 Year Term†	\$ _____
Total Investment Amount	\$ _____

† Written notice and 2 signatures required for redemption. Paid out in 30 days.

- ☐ Included is a check for the above amount (Make checks payable to GenFi Ministries)
- ☐ Included is a voided check. Please deduct the Total Investment Amount from the bank account provided

Interest Payment Options (Select one interest option. If no selection is made or if both options are checked, interest will compound monthly)

<input type="checkbox"/> 1. Compound Interest Monthly	<input type="checkbox"/> 2. Pay Out Interest (Direct Deposit Required):
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
	<input type="checkbox"/> Direct deposit interest to bank account used to open this investment
	<input type="checkbox"/> Direct deposit to new bank account (Attach a voided check. Deposit slips not accepted.)

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Statement Frequency *(Choose only one)*

☐ Email (Monthly Only) ☐ Quarterly ☐ Semi-Annually ☐ Annually

Monthly Electronic Fund Transfer (EFT)

Complete this section only if you wish to make regular monthly additions to your investment from your checking account. Restrictions on additions may apply in the future. If more than one term was chosen, please indicate which term will be receiving the addition.

☐ I want to make recurring monthly additions to my investment from my checking account. This authorization will remain in effect until I notify GenFi Ministries that I wish to end the recurring monthly additions, which I may do at any time upon at least 30 days notice. (Attach a voided check. Deposit slips not accepted.)

Amount to Transfer	Start Date (MM/DD/YYYY)	Term
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Additional Information

How did you hear about GenFi Ministries?

If referred, who told you about us?

Declaration on Behalf of Entity Regarding Investment

Each person signing below individually declares under penalties of perjury that such person (a) has received and reviewed GenFi Ministries' current Offering Circular, including the financial statements included therein; (b) comes within the definition of the "limited class of investors" set forth in the Offering Circular; and (c) agrees to the terms and conditions described in the Offering Circular.

Authorized Signers

Signature	Printed Name	Title	Date
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Signature	Printed Name	Title	Date
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Board Resolution *(Regarding investment with GenFi Ministries)*

The persons whose names and signatures appear on this form (the Authorized Signers) are hereby authorized to sign, on behalf of the Entity, with respect to investments with GenFi Ministries, and obligate the Entity to any contract, agreement, or transaction with GenFi Ministries. Such orders shall require at least two signatures designated in this form. All prior authorizations are hereby superseded. This authority shall remain in effect until the Entity terminates said authority in writing to GenFi Ministries. Any limitation on any Authorized Signer's authority shall be expressly disclosed to GenFi Ministries in the space provided in this form. The above authorized signers hereby certify that the foregoing is a full and complete copy of the resolution duly adopted by the Board of Directors of the Entity, at a meeting of said Board held on the date below, and that the signatures appearing on this form are the actual signatures of the persons designated who are duly qualified and acting in their respective capacity.

Date Resolution Adopted by Board

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Additional Authorized Signers *(Minimum of 2 signatures required, but the church may require more)*

Signatures required for redemption: ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Submitting Your Form

To submit your completed form with all required attachments, send a scanned PDF (or similar format) to investment@genfi.com or mail/fax the document(s) to the address/fax number at the bottom of page 1.