APPLICATION TO PURCHASE A CERTIFICATE OF PARTICIPATION

Street Address (Bene Name and City of Ow 5. I (we) confirm that I United Methodist Ch	eficiary)	we are) over the age of 1	State otember 1, 2023 fr.8, a resident of low	
Name (Beneficiary lis Street Address (Bene	eficiary)			Zip
Name (Beneficiary lis	st additional on back)			Zip
Name (Beneficiary lis	st additional on back)			
		Social Secur	ity Number	
Street Address (joint	tenant)	-		-
	tonant)	City	State	Zip
Name (joint owner)	So	cial Security Number		
Email Address (sole	owner or first joint tenant)			
Street Address (sole	owner or first joint tenant)	City	State	Zip
Name (sole owner or first joint tenant)		Social Secur	Social Security Number	
☐ Sole owner☐ Joint tenant with	☐ Sole owner with a pantright of survivorship ☐ ☐	Fenants in common		
	articipation will be registered to (following choices)	:
Certificate will autor	matically renew at maturity for the st for the date of renewal.		•	
Please send interesIf no written request	t (<i>choose</i> <u>one</u>): □ quarterly If for redemption or change to be		posit into principa eceived by the Fou	•
2. Disease sand interes			_	
TRUST	Make check payable to: low	,	rch Building Fund	l Trust
FUND	`	(000,10,100)		
	interest currently offered by t (Investments must be a minim		st Church Building	Fund Trust.

Mail or deliver completed application with payment to: **Iowa United Methodist Church Building Fund Trust** 2301 Rittenhouse Street | Des Moines, IA 50321