



Heartland Methodist Financial

8401 Fishers Center Driver • Fishers, IN 46038
317-788-7879 • 317-788-0089 fax • 877-391-8811 toll-free • tfoster@HM-Financial.org • HM-Financial.org

Demand Account Application

► **IMPORTANT:** If purchase is for an IRA, contact us for proper forms.

Section 1.

Enclosed is a check in the amount of \$ _____ to open a Demand Account with Heartland Methodist Financial (Loan Fund) (Initial deposit must be a minimum of \$25.00). I understand the Loan Fund Board of Directors will periodically evaluate interest rates and may change the rate paid as deemed necessary.

Make check payable to:
**Heartland
Methodist
Financial**

Section 2. Ownership of Account

Sole owner or trust Joint owners Church or other entity

Section 3.

Name (sole owner or first joint owner, church or entity)			Soc. Sec. No., or Church EIN (REQUIRED)	
Street Address	City	State	Zip	
Home Phone	Business Phone			
Email Address (optional)	Birth Date			

Section 4. Complete this section for joint ownership.

Name (joint owner)			Soc. Sec. No. (REQUIRED)	
Street Address	City	State	Zip	
Home Phone	Business Phone			
Email Address (optional)	Birth Date			

Section 5. Optional Beneficiary Design

Name of beneficiary upon death of owner(s)	Phone number			
Street Address	City	State	Zip	

Name and city of the church with which you are affiliated fi

I certify under penalties of perjury that the number shown on this form is my correct taxpayer identification number. Furthermore, I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. *(You must cross out the previous sentence if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.)*

Office Use Only

I con firm that I have read the Offering Circular dated May 01, 2024 provided by Heartland Methodist Financial, am over the age of 18, a resident in the State of Indiana, Kentucky, Illinois, Hawaii, Florida, Michigan, North Carolina or Texas and am affiliated with the United Methodist or other Wesleyan-based Church.

Signature of owner (or church account agent)	Date
Signature of joint owner (if applicable)	Date
Title of church account agent (if applicable)	

Mail or deliver completed application with payment to above address.
For more information call 317-788-7879 or toll-free 877-391-8811

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