Heartland Methodist Financial

8401 Fishers Center Drive • Fishers, IN 46038-2318
317-788-7879 • toll free 877-391-8811
info@HM-Financial.org • www.HM-Financial.org

Application to

Purchase Certificate of Participation

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

Section 1.

Enclosed is a check in the amount of $_____as payment in full for a Certificate of Participation at the rate of interest currently offered by Heartland Methodist Financial (Loan Fund) (Investments must be minimum of $1,000.00).

Section 2.

❑ Sole owner or trust	❑ Joint owners	❑ Church or other entity	❑ Sole owner w/POD beneficiary

Section 3.

TERMS	INTEREST
Select one: 6, 9, or 18	Interest added at earliest of maturity or 12 months after issue date. Applies only to the 6, 9, or 18 month terms.
_____ months	
OR you must check ONE BOX in EACH COLUMN BELOW:	
❑ 1 Year	❑ Reinvest annually*
❑ 3 Year	❑ Distribute annually by check or ACH (Direct Deposit)
❑ 5 Year	❑ Distribute quarterly by check or ACH (Direct Deposit)
	❑ Distribute monthly by check** or ACH (Direct Deposit)
	❑ Quarterly-add to my Loan Fund Demand Acct. #_____

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

***** *Interest default when no selection made* ****** only certificates of $10,000 or larger

Until redemption is requested, the Certificate will automatically renew at the end of the term at the rate of interest then fixed by Heartland Methodist Financial.

❑ I would like my distribution DIRECT DEPOSITED. (You must complete the ACH Authorization, in section 4 of this application.)

Section 4. ACH Authorization --

Name	❑ Checking ❑ Demand Account (Check only one)	
City	State	Zip
9 Digit ABA Number		
Bank Account Number		
This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY to act on it.		

Please attach a voided check with this form so the account number and ABA routing number can be verified

Office Use Only

Also Complete Back Side

Section 5.

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	❒ Active Clergy ❒ Retired Clergy ❒ Laity	
Email Address (optional)		Birth Date, if applicable	

Section 6. Complete this section for second joint owner.

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

Section 7. Optional Beneficiary Designation

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

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.)*

I confirm that I have read the Offering Circular dated May 01, 2026 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, Ohio, Texas or Wisconsin 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)	

Where did you hear about the Loan Fund?

❒ Church Bulletin Insert
❒ Field Representative
❒ Search Engine
❒ Family/Friend _____
❒ Other _____

Mail or deliver completed application with payment to:
8401 Fishers Center Drive, Fishers, IN 46038-2318
For more information call 317-788-7879 or Toll-free, 877-391-8811.

2026-06-01