



INVESTMENT APPLICATION

NOTE: All the information provided on this form is confidential to the Church of God by Faith Financial Solutions. It is used only in reference to your account. For proper records, it is necessary for investors to complete all areas that refer to their account. It is necessary that this application be signed, dated and returned to Church of God by Faith Financial Solutions before an account can be established. Questions, please call 1.904.574.9853.

INDIVIDUAL INVESTMENTS (personal accounts only)

Name:				
<i>LAST</i>	<i>FIRST</i>	<i>INITIAL</i>	<i>Social Security</i>	<i>Date of Birth</i>
Name of Church		Name of District		
Address:				
<i>USE MAILING ADDRESS</i>				
City, State, ZIP Code:				
<i>CITY</i>		<i>STATE</i>	<i>ZIP</i>	
Phone Numbers/Email				
<i>HOME PHONE</i>		<i>CELL PHONE</i>	<i>EMAIL ADDRESS</i>	
Co-owner:				
<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>INITIAL</i>	<i>Social Security</i>	
<i>ADDRESS</i>		<i>CITY</i>	<i>STATE</i>	<i>PHONE</i>

ORGANIZATIONAL INVESTMENTS (church, district, departmental accounts)

Name of Institution:				
<i>Write your institutional name completely</i>			<i>EIN Number</i>	
Mailing Address:				
<i>ADDRESS</i>		<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
Physical Address:				
<i>ADDRESS</i>		<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
Phone Numbers/Email				
<i>HOME PHONE</i>		<i>CELL PHONE</i>	<i>EMAIL ADDRESS</i>	

BENEFICIARY INFORMATION (optional)

Name of Beneficiary:				
<i>LAST</i>	<i>FIRST</i>	<i>INITIAL</i>	<i>SOCIAL SECURITY</i>	
Beneficiary's Address:				
<i>CITY</i>		<i>STATE</i>	<i>ZIP</i>	
Beneficiary's Contact:				
<i>HOME PHONE</i>		<i>CELL PHONE</i>	<i>EMAIL ADDRESS</i>	

INVESTMENT AGREEMENT

1. I have received and read the offering circular of the Church of God By Faith Financial Solutions, Inc.
2. I understand that this investment is not directly secured by a mortgage of any particular church loan.
3. I understand that the principal and payment of interest is dependent in large part upon the future offerings of members of the churches receiving loans and this income stream cannot be predicted with any certainty.
4. I am investing in the Church of God By Faith Financial Solutions for investment purposes only and not with a view to distribution.
5. I hereby subscribe the investment of \$ This investment is placed with the Church of God by Faith Financial Solutions, Inc. For the period of:
6 mth 1-year 18 mth 2-years 3-years 4-years 5-years
(Pennsylvania residents who purchase Certificates have the right to withdraw from the purchase pursuant to Section 207(m) of the Pennsylvania Securities Act of 1972. See Offering Circular page 5 for additional details.)
6. This investment is placed in the Extension Fund with interest payments paid:
NOTE - CHECK ONE: Quarterly Semi-Annually Annually

NOTE: Interest on investments is calculated quarterly on March 31st, June 30th, September 30th and December 31st of each year. Interest income earned will be posted or paid on the first of the month following quarterly closings.
7. I choose the reinvestment option for interest to remain in my account until maturity.
 Yes No
8. I request that the Church of God by Faith Financial Solutions, Inc. designate the person(s) listed as Beneficiary above (or on a separate sheet, if necessary) to receive the principal and any unpaid accrued interest on my Certificate at my death. The terms of this beneficiary designation, my Certificate and this Purchase Application shall be binding on my heirs, beneficiaries and legal representatives. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis.

Signature

Date

- Please make all checks or money orders payable to: Church of God by Faith Financial Solutions
- Please remit all correspondence to: **CHURCH OF GOD BY FAITH FINANCIAL SOLUTIONS**

SHRR\4723632v2

Church of God by Faith Financial Solutions - 2409 Old Middleburg Road, N. - Jacksonville, FL - 32210
Website: www.cogbfs.org - Phone: 904-574-9853 - Fax: 904-574-9871 - email: fs@cogbf.org

Page | 2

FORM: FSIA6617

2409 Old Middleburg Road N.
Jacksonville, Florida, 32210

Our office hours are Monday through Friday, 9:00a.m. to 5:00p.m. EST. We may be reached at 1.904.574.9853. You may visit our web site at www.cogbfs.org or email fs@cogbf.org

All securities are subject to risks, which are described in our Offering Circular. This is not an offer to sell you our securities and we are not soliciting you to buy our securities. We will offer and sell our securities only in states where authorized. The offering is made solely by the Offering Circular.



BENEFICIARY DESIGNATION FORM

BENEFICIARIES (The total percentage designated must equal 100%.) Beneficiary designations are not available for Certificates purchased by IRAs or other retirement accounts. Please mail this form to the address below or email to fs@cogbf.org.

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____

Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____

Address _____

City/State/Zip _____

Date of Birth _____

Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____

Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____