

EXTENSIONLOANFUND
International Pentecostal Holiness Church



Count on Us.

Investment Purchase Agreement (I)

INVESTMENT PURCHASE AGREEMENT (I)



The offer and sale of Investment Certificates ("Certificates") are subject to the terms of The International Pentecostal Holiness Church Extension Loan Fund, Inc. Offering Circular, as may be supplemented, amended and restated ("Offering Circular"), which is incorporated herein by reference. The International Pentecostal Holiness Church Extension Loan Fund, Inc. reserves the right to refuse any application and not offer or sell any Certificate for any reason.

The purchase of Extension Loan Fund (ELF) securities is subject to risks, which are described in the Offering Circular. Offers to sell and solicitation of offers to buy is made only by the Offering Circular and only in those states where the ELF securities may lawfully be offered or sold. ELF securities are not insured by the Federal Deposit Insurance Corporation (FDIC), Securities Investor Protective Corporation (SIPC), or any other state or federally regulated institution nor are they guaranteed by the International Pentecostal Holiness Church.

NEW APPLICATON

CHANGE OF INFORMATION

INVESTOR INFORMATION

Primary Owner

Name _____

Address _____ City _____ State _____ Zip _____

Male Female Date of Birth: ____ / ____ / ____ Social Security Number ____ - ____ - ____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email address _____

INVESTOR INFORMATION

Co-Owner is: **Joint Tenant** **Tenant in common** **Non-Owner Custodian UGMA/UTMA**

(If left unchecked we will issue the certificate to the primary owner with the joint owner as joint tenant with right of survivorship.)

Name _____

Address _____ City _____ State _____ Zip _____

Male Female Date of Birth: ____ / ____ / ____ Social Security Number ____ - ____ - ____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email address _____

If purchased as a joint applicant, the undersigned primary applicant and joint co-applicant must sign the Purchase Application. The primary applicant and joint applicant shall be jointly and severally liable under the Investement Purchase Agreement. We will be entitled to act on, rely upon and take actions based on the instructions and directions of either applicant in all matters, including any redemption or transfer request.

X _____
 Primary Signature Print Name Date

X _____
 Co-Owner Signature Print Name Date

OFFICE USE ONLY

| Received Date | By | Amt | Ref/CK | Acct # | Suffix # |
|---------------|----|-----|--------|--------|----------|
| \ \ | | | | | |

CERTIFICATE ELECTIONS

(APY = Interest compounded monthly | APR = Interest paid monthly)

I hereby elect to invest (subscribe) in the following:

Please visit
www.elfiphc.org
for rate updates

Certificate Product

| | <u>Amount</u> | <u>APY</u> <u>APR</u> |
|---|---------------|-------------------------|
| <input type="checkbox"/> Savings Certificate | \$ _____ | @ _____ _____% |
| <input type="checkbox"/> 6 Month Fixed Rate Certificate | \$ _____ | @ _____ _____% |
| <input type="checkbox"/> 12 Month Fixed Rate Certificate | \$ _____ | @ _____ _____% |
| <input type="checkbox"/> 12 Month Building Fund Certificate | \$ _____ | @ _____ _____% |
| <input type="checkbox"/> 24 Month Fixed Rate Certificate | \$ _____ | @ _____ _____% |
| <input type="checkbox"/> 36 Month Fixed Rate Certificate | \$ _____ | @ _____ _____% |
| <input type="checkbox"/> 42 Month Fixed Rate Certificate | \$ _____ | @ _____ _____% |
| <input type="checkbox"/> 60 Month Fixed Rate Certificate | \$ _____ | @ _____ _____% |

Office use Only (PIQ)

IRA (Individual Retirement Account) Product

| | | |
|---|----------|------------------|
| <input type="checkbox"/> 24 Month IRA Certificate | \$ _____ | @ _____ _____% |
| <input type="checkbox"/> 60 Month IRA Certificate | \$ _____ | @ _____ _____% |

TOTAL INVESTMENT \$ _____

This investment **DOES** **DOES NOT** exceed ten percent (10%) of my net worth.
(excluding principal residence, furnishings therein, and personal automobiles.)

INTEREST DISTRIBUTIONS (If no election is made we will automatically reinvest the interest)

- Reinvest interest (compound)
 - Transfer interest to ELF Savings Account # _____
 - Pay interest via check
 - Monthly
 - Quarterly
 - Semi-Annually
 - Annually
 - Pay interest via electronic funds transfer (Complete Section "Authorized Transaction Agreement")
 - Monthly
 - Quarterly
 - Semi-Annually
 - Annually
 - Donate Interest to an IPHC Church, Ministry, Missionary or Institution
- Pay to: _____
 Address: _____
 City: _____ State: _____ Zip: _____

AUTHORIZED TRANSACTION AGREEMENT

I hereby authorize the International Pentecostal Holiness Church Extension Loan Fund, Inc. to initiate electronic CREDIT and or DEBIT entries to my bank account as indicated below. This authority is to remain in full force and effect until the International Pentecostal Holiness Church Extension Loan Fund, Inc. and the bank has received notification from me of its termination in such time and manner as gives all parties involved a reasonable opportunity to act on it.

Name(s) As they appear on your bank account _____
 Account Type: Checking Savings

Bank Name _____
 Bank Routing Number _____
 Account Name _____ Account Number _____

SUBSCRIPTION AGREEMENT

Each person signing below declares under penalty of perjury that such person(s) is (1) investing for investment purposes only and not with a view to distribution and (2) has received the Offering Circular and agrees to the terms and conditions described in the Offering Circular. Applicant(s) also understand that this investment is not directly secured by a mortgage of any particular church receiving a loan and further understands that the principal and payment of interest is dependent in large part upon the future offerings of members of the churches receiving loans, and that this income stream cannot be predicted with any certainty.

X _____
 Primary Signature Print Name Date

X _____
 Co-Owner Signature Print Name Date

DESIGNATION FORM / BENEFICIARY / PAYMENT ON DEATH

OFFICE USE ONLY

| | |
|---------------|----|
| Received Date | By |
| \ \ | |

By completing this section, you authorize us to pay the principal and accrued interest on your Certificate to the named beneficiary, custodian or Section 501(c)(3) tax-exempt organization designated below, after your death (or in the case of joint tenants, after both of your deaths). Please fill-in the name, address and social security number (or Tax I.D. number) of your intended beneficiaries. Beneficiary designations may be changed or revoked by notice sent to us prior to the death of the Certificate holder.

Primary Owner _____ Date of Birth _____ SSN _____

Co-Owner Owner _____ Date of Birth _____ SSN _____

This is a change of beneficiary Date: _____

Beneficiaries

1

| | | | | | | |
|---|-------|-----------------------------------|-------|---------|-------|---------------------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent % <input type="text"/> Distribution | _____ | Name of Individual or Institution | | | _____ | SSN or EIN if Institution |
| | _____ | Address | | _____ | City | State Zip |
| | _____ | Date of Birth | _____ | Phone 1 | _____ | Phone 2 |

2

| | | | | | | |
|---|-------|-----------------------------------|-------|---------|-------|---------------------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent % <input type="text"/> Distribution | _____ | Name of Individual or Institution | | | _____ | SSN or EIN if Institution |
| | _____ | Address | | _____ | City | State Zip |
| | _____ | Date of Birth | _____ | Phone 1 | _____ | Phone 2 |

3

| | | | | | | |
|---|-------|-----------------------------------|-------|---------|-------|---------------------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent % <input type="text"/> Distribution | _____ | Name of Individual or Institution | | | _____ | SSN or EIN if Institution |
| | _____ | Address | | _____ | City | State Zip |
| | _____ | Date of Birth | _____ | Phone 1 | _____ | Phone 2 |

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| | | | | | | |
|---|-------|-----------------------------------|-------|---------|-------|---------------------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent % <input type="text"/> Distribution | _____ | Name of Individual or Institution | | | _____ | SSN or EIN if Institution |
| | _____ | Address | | _____ | City | State Zip |
| | _____ | Date of Birth | _____ | Phone 1 | _____ | Phone 2 |

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| | | | | | | |
|---|-------|-----------------------------------|-------|---------|-------|---------------------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent % <input type="text"/> Distribution | _____ | Name of Individual or Institution | | | _____ | SSN or EIN if Institution |
| | _____ | Address | | _____ | City | State Zip |
| | _____ | Date of Birth | _____ | Phone 1 | _____ | Phone 2 |

X _____
 Primary Signature Print Name Date

X _____
 Co-Owner Signature Print Name Date

SUBSTITUTE W-9 FORM

Under penalties of perjury, I certify that 1) my listed social security number or TIN is correct, 2) I am not subject to backup withholding either because the Internal Revenue Service (IRS) has never notified me that I am subject to backup withholding or the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. person.

If you are subject to backup withholding, check here as the owner
 check here if co-owner

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X

Primary Signature Printed Name Date

X

Co-Owner Signature Printed Name Date

If you elected to have electronic credit and/or debit entries to your bank account please attach a voided check below.

| | | |
|---|---------------------|----------------------|
| NAME ADDRESS CITY, STATE ZIP | | 0123 01-2345/6789 |
| DATE | | |
| PAY TO THE ORDER OF | \$ | |
| BANK NAME ADDRESS CITY, STATE ZIP | | DOLLARS |
| FOR | | |
| ⑆0⑆2345678⑆ | ⑆0⑆234567890⑆23⑆ | ⑆0⑆23 |
| Bank Routing Number | Bank Account Number | Check Number |

Please mail this Purchase Agreement with a check payable to IPHC Extension Loan Fund for the amount of your investment to:

**Extension Loan Fund
Investment Services
PO Box 12609
Oklahoma City, OK 73157**

For UPS and FEDEX Deliveries send to:

**Extension Loan Fund
Investment Services
7300 NW 39th Expressway
Bethany, Oklahoma 73008**