

NEW ACCOUNT APPLICATION

GRACE BRETHERN INVESTMENT FOUNDATION, INC. • P. O. BOX 587 • WINONA LAKE, IN 46590

DATE _____

INITIAL INVESTMENT \$ _____

TYPE OF ACCOUNT:

Individual
Joint with Right of Survivorship
UTMA (IN) – Minor with Custodian
Trust with Trustees (enclose copy of trust)

METHOD OF INTEREST PAYMENT:

Interest added to account
Monthly interest payment via ACH
(minimum balance of \$25,000.00 required)

ACCOUNT NAME OR PRIMARY ACCOUNT HOLDER

Mr Mrs Miss _____ Social Security Number _____

Street _____ Date of Birth _____

City _____ State _____ Zip _____

Phone _____ Email _____

The following person will be: Co-owner of Joint Account Custodian of Minor Account Trustee of Trust Account

Mr Mrs Miss _____ Social Security Number _____

Street _____ Date of Birth _____

City _____ State _____ Zip _____

Phone _____ Email _____

Acknowledgement of having received a Prospectus and affirmation of association with the Charis Fellowship (FGBC) are required. Please acknowledge and affirm by (√) below.

I acknowledge having received the Prospectus of Grace Brethren Investment Foundation, Inc. dated April 1, 2019, and affirm that the primary account holder is associated with the Charis Fellowship.

BACKUP WITHHOLDING CERTIFICATION

Under penalties of perjury, I certify that:

- (1) The number shown on this application is my correct taxpayer identification number, and
- (2) 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. Note: You must cross out Item 2 if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of underreporting interest or dividends on your tax returns.

I certify that the information provided on this application form is true, correct and complete.

Date _____ Signature _____

Printed Name _____

Date _____ Signature _____

Printed Name _____