

# 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 receipt of Prospectus and affirmation of association with the Fellowship of Grace Brethren Churches are required. Please acknowledge and affirm by (√) below.**

**I acknowledge receipt of the Prospectus of Grace Brethren Investment Foundation, Inc., dated April 1, 2018, and affirm that the primary account holder is associated with the Fellowship of Grace Brethren Churches.**

**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 \_\_\_\_\_