Application For Individual Accounts

ORCHARD ALLIANCE
WHERE *faith* & *finance* MEET

INSTRUCTIONS
This application allows you to apply for investment options offered by Orchard Alliance. These accounts are restricted to members, constituents, contributors to or participants in a Christian & Missionary Alliance (C&MA) church or affiliated organization, or heirs of such a person. If it is incomplete when received by Orchard Alliance, you will be contacted for the missing information.

Ownership Type: ☐ Individual ☐ Joint ☐ Trust (Trust Name): ____________________

Please provide a copy of trust document with application

1. Primary Owner Information *Required*

Gender: ☐ Male ☐ Female Citizenship Status: ☐ US Citizen ☐ US Resident Alien

First Name ______ Last Name ______ MI ______ ☐ Mr. ☐ Mrs. ☐ Miss

Social Security Number ______ Phone ______ Date of Birth ______

Address ______ City ______ State ______ Zip ______

E-mail Address ______ Additional Titling ______

2. Joint Owner Information *Required for Joint Owner/Custodian*

Gender: ☐ Male ☐ Female Citizenship Status: ☐ US Citizen ☐ US Resident Alien

Relationship to Primary: ☐ Spouse ☐ Child ☐ Other: ______

First Name ______ Last Name ______ MI ______ ☐ Mr. ☐ Mrs. ☐ Miss

Social Security Number ______ Phone ______ Date of Birth ______

Address ______ City ______ State ______ Zip ______

E-mail Address ______

3. Your Relationship to the C&MA & Church Affiliation *Required*

☐ C&MA Layperson ☐ C&MA Church Staff ☐ C&MA Missionary ☐ Contributor to a C&MA Ministry
☐ C&MA Official Worker ☐ C&MA Affiliate or National Office Employee ☐ Affiliated Corporation ☐ Heir to one of the Above

Church Name ______ City ______ State ______

4. Investment Options *Required*

For current rates, visit our website at orchardalliance.org or call us toll-free at (833) 672-4255.

A. INVESTMENT CERTIFICATES

Term	*Amount ($1,000 min., US $ only)*	*Term*	*Amount ($1,000 min., US $ only)*
☐ 1-Year Fixed Rate	$ ______	☐ 4-Year Fixed Rate	$ ______
☐ 2-Year Fixed Rate	$ ______	☐ 5-Year Fixed Rate	$ ______
☐ 3-Year Fixed Rate	$ ______	**TOTAL CERTIFICATES**	$ ______

Additional Instructions

Certificate Interest Payment Options

☐ Accumulate and compound interest semi-annually back into the principal of the certificate (end of each June and December after issue)

☐ Credit the interest to the OA Agreement Account Number ______

☐ Credit to external bank account. *(Refer to section 6 to attach a voided check.)*

Certificate Interest Payment Frequency

☐ Monthly (end of each month after issue, if your total invested is $5,000 or more)

☐ Quarterly (end of each March, June, September, and December after issue)

☐ Semi-Annually (end of each June and December after issue)

☐ Annually (end of each December after issue)

B. AGREEMENTS

Account Type	*Amount ($1,000 min., US $ only)*	*Account Type*	*Amount ($1,000 min., US $ only)*
☐ Individual	$ ______	☐ N.O. Employee	$ ______
☐ Missionary Retiral	$ ______	☐ N.O. Employee Family	$ ______
☐ Shell Point Retiral	$ ______	**TOTAL AGREEMENTS**	$ ______

Additional Instructions

All checks for deposit must be made payable to "Orchard Alliance." This form cannot be used to open IRA/403(b) accounts.

5. Beneficiary Designation

☐ At my death, pay the principal balance to the person(s) legally entitled to the proceeds of this account. If beneficiaries are named and a beneficiary(s) predeceases owner(s), their designated portion shall be distributed pro-rata to the other beneficiaries.

List Beneficiaries ______

☐ At my death, the principal balance is to be gifted to Orchard Alliance for the furtherance of its ministry of building churches.

☐ At my death, the principal balance is to be gifted to the following ministry or local church of the C&MA:

Name of the Ministry or Church you wish to gift your funds	City of the Ministry or Church	State

6. Account Funding - Automatic Monthly Deposit

Free Service
Not available in Ohio

Have automatic monthly deposits electronically transferred from your checking or savings account into your Agreement or Retiral account through our Effortless Investing Program. To take advantage of this free service, read and intial the following paragraph and attach a voided check or savings deposit slip to this application.

________ By initialing this paragraph, I authorize Orchard Alliance to intiate electronic transfer of funds from the account listed below. I understand that transfers will be initiated on or about the ________ of each month. This authority is to remain in full force and effect until Orchard Alliance has received written notification from me of its termination in such time and manner as to afford reasonable opportunity to act on it.

Funding Options: ☐ Initial (One-Time) Deposit ☐ Recurring Deposit ☐ Initial Funding By Check

INITIAL (ONE-TIME) DEPOSIT ☐ Checking ☐ Savings ☐ OA Account: ____________

Amount $ ____________ Effective Date ____________ Bank Name ____________

Routing Number ____________ Account Number ____________

Please attach a voided check for ACH deposit

RECURRING DEPOSIT ☐ Same Info as Above ☐ Checking ☐ Savings ☐ OA Account: ____________

Amount $ ____________ Effective Date ____________ Bank Name ____________

Routing Number ____________ Account Number ____________

Deposit Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

7. Online Account Access *Required*

Do you currently participate in the Online Account Access? ☐ Yes ☐ No

If not, would you like to be enrolled when we process this application? ☐ Yes ☐ No

If yes, we need your email address ____________

8. Self-Funding of a Church Loan

If you are opening an Investment Certificate(s) or Retirement Agreement(s) would you like to help reduce the interest rate on the loan of your C&MA Church? ☐ Yes ☐ No

If yes, would you like to opt for 0% interest on this account for significantly greater impact on the church loan rate?

☐ Yes, for the certificate term ☐ Yes, for the life of the loan ☐ Not interested

Church Name ____________ City ____________ State ____________

ORCHARD ALLIANCE
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9. IRS Backup Withholding *Required*

Are you subject to backup withholding under provisions of Internal Revenue Code section 3406(a)(1)(C)? ☐ Yes ☐ No

10. Offering Circular Certification *Required*

I/We hereby acknowledge receipt of a copy of the Offering Circular dated ____________________________

(Date is at the bottom of page 2 in the Offering Circular available at orchardalliance.org/1019-offering-circular-pa)

11. Agreement and Signature Card *Required*

Under penalties of perjury, I certify that I am a member, constituent, contributor to or participant in a Christian & Missionary Alliance (C&MA) church or affiliated organization, or heirs of such a person. In accordance with the terms set forth above, and as set forth in the Offering Circular, I hereby execute this Purchase Application and Agreement at

____________________, __________, on this _____ day of ______________, ________

City State Day Month Year

<u>RIGHT TO WITHDRAW (Pennsylvania Residents):</u> You have the right to withdraw from your purchase of these securities as described under "PENNSYLVANIA RESIDENTS" on page 4 of the Offering Circular.

____________________________ ____________________________

Primary Owner Signature Joint Owner Signature

____________________________ ____________________________

Primary Owner Printed Name Joint Owner Printed Name

Complete W-9 for each owner on following page (Not required for existing account holders)

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . ______

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ______

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ______

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) ______

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they