

CERTIFICATE OF PARTICIPATION

**Application for
INDIVIDUALS**

The undersigned hereby make application for investment in the amount indicated below in a Certificate of Participation, offered by the United Methodist Foundation of the Texas Annual Conference as described in the Offering Circular dated December 1, 2007. ("Offering Circular")

I confirm that I have received and read a copy of the Offering Circular and that I am a resident of the State of Texas. I further certify that I am over the age of eighteen (18) years; I am not under any disability that would require approval of any third person for this investment; I am a contributor, member or participant of the United Methodist Church or I am an ancestor, descendant, or successor in interest to such person. I am acquiring the Certificate of Participation for personal investment and not with the intent of transferring the Participation Interests. I understand and agree that my investment in Certificate of Participation will be held and administered by the Foundation under the terms of the Offering Circular.

Effective January 1, 1984, Congress adopted the "Backup Withholding" provision that requires the Fund withhold 20% of your interest payments unless we have been furnished a correct Social Security Number.

Under penalties of perjury, by signing below, I certify that the number shown on this form is the correct Social Security Number(s).

AMOUNT OF INVESTMENT: \$ _____ (include check)

The minimum investment is \$1,000.

Please make your check payable to:

United Methodist Foundation, 5215 Main Street, Houston, Texas 77002

Interest options: *(Choose one)*

- Reinvest interest automatically at maturity
- Disperse annually at maturity
- Disperse every six months
- Disperse monthly (minimum \$10,000 required)
- Disperse upon written request

The Certificate of Participation is set up by the Foundation in the following name(s):
(Please print)

INVESTOR: _____ Social Security Number _____ - _____
Title / First Name / MI / Last Name

If joint investment – Joint tenants with the right of survivorship:

JOINT INVESTOR _____ Social Security Number _____ - _____
Title / First Name / MI / Last Name

ADDRESS _____ TELEPHONE # () _____

FAX # () _____

Investor Signature

Joint Investor Signature

Date: _____

Date: _____