



INVESTMENT FORM

Owner/Co-Owner Information (Owner/Co-Owners have joint ownership, with right of survivorship and not as tenants in common)

Print Owner Name _____ Date of Birth _____ Male Female Social Security Number/TIN _____

Print Co-Owner Name _____ Date of Birth _____ Male Female Social Security Number/TIN _____

Transactions may be made with one signature (Organizations require 2 signatures) Transactions require both signatures

Owner Mailing Address _____ City _____ State _____ Zip _____

Telephone Number _____ E-mail Address _____

Co-Owner Mailing Address (if different than above) _____ City _____ State _____ Zip _____

Telephone Number _____ E-mail Address _____

Type of Investment Desired (See supplemental insert for current rates.)

	Amount to invest:		Amount to invest:
30-Day Demand	\$ _____	3-Year Series D	\$ _____
6-Month Series D	\$ _____	4-Year Series D	\$ _____
1-Year Series D	\$ _____	5-Year Series C	\$ _____
2-Year Series D	\$ _____	Total Investment Amount	\$ _____

Make checks payable to **AG Loan Fund**.

Additional Instructions:

Interest Payment Options

Add Interest to Note (compound)

OR

Pay Interest: Monthly* Quarterly** Semi-Annual Annual

Payment will be made by Electronic Funds Transfer. (Complete enclosed EFT form.)

*Monthly interest payment option requires a \$10,000 minimum investment. **Quarterly interest payment option requires a \$2,500 minimum investment.

Agreement to Terms

Signature is required by all investors. (IF AN ORGANIZATION, THIS APPLICATION MUST BE SIGNED BY TWO (2) MEMBERS OF THE ORGANIZATION'S GOVERNING BOARD.)

Resident Verification (Residents of Alabama, Arizona, Arkansas, California, Idaho, Kansas, Kentucky, Oklahoma, Pennsylvania, or South Dakota)

By signing below, I state that I am, prior to the receipt of the Offering Circular, a member of, contributor to (including prior investor) or participant in the Assemblies of God, AG Loan Fund, or in any program, activity, or organization which constitutes a part of or has a programmatic relationship with the Assemblies of God or AG Loan Fund.

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 if 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.

Owner Signature Printed Name Date

Co-Owner Signature Printed Name Date

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Beneficiaries (Check Primary or Contingent for each beneficiary and the distribution percentage for each.)

Beneficiaries will gain ownership rights of investment only upon the death of last surviving investor. If needed, please attach a separate sheet.

1) _____ %

Name of Individual or Organization	Social Security Number		Distribution
Relationship	Telephone Number	Date of Birth	Primary Contingent
Address	City	State	Zip

2) _____ %

Name of Individual or Organization	Social Security Number		Distribution
Relationship	Telephone Number	Date of Birth	Primary Contingent
Address	City	State	Zip

3) _____ %

Name of Individual or Organization	Social Security Number		Distribution
Relationship	Telephone Number	Date of Birth	Primary Contingent
Address	City	State	Zip

4) _____ %

Name of Individual or Organization	Social Security Number		Distribution
Relationship	Telephone Number	Date of Birth	Primary Contingent
Address	City	State	Zip

By signing below, I/we consent to access future Offering Circulars, Privacy Statements, and Supplements via a dedicated Web site. I understand AG Loan Fund will notify me when these documents are updated.

Owner Signature

Co-Owner Signature

Make check payable to **AG Loan Fund**. Attach check, application, and Electronic Funds Transfer form (if applicable) and mail in the enclosed self-addressed envelope. A confirmation letter will be sent to you when all processing is complete. If you have questions, please call our office at 866.453.7142.

Note: Information is from sources determined reliable. Information is subject to error, omission, withdrawal, or change.

AGLF Use Only:	New Investment Information	Date Received	Account No.	T/O	Origin WEB
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