Investment & Loan Program Inc.

MAY 1, 2025 - APRIL 30, 2026 For Office Use Only

DATE REC'D _____ $ _____ NOTE # _____

TERM _____ RATE _____ ☐ FIXED ☐ ADJUSTABLE MKT SEG _____

PIN # _____ LOAN # _____ SYN _____ PRES _____

QUARTERLY INTEREST CK? _____ ADD'L INFO _____

INDIVIDUAL OR JOINT ACCOUNT FORM

LAST NAME (OWNER) | FIRST | INITIAL | SOCIAL SECURITY NUMBER | BIRTH DATE

MAILING ADDRESS | CITY | STATE | ZIP CODE -

PHONE | CELL | EMAIL

LAST NAME (JOINT OWNER*) | FIRST | INITIAL | SOCIAL SECURITY NUMBER | BIRTH DATE

MAILING ADDRESS - IF DIFFERENT THAN OWNER | CITY | STATE | ZIP CODE -

PHONE | CELL | EMAIL

***Joint owners are considered as joint tenants with rights of survivorship and not as tenants in common. Interest is reported to the Internal Revenue Service using the Social Security Number of person listed first (Owner).**

YOUR CHURCH

CHURCH NAME | CITY | STATE

DESIGNATE SUPPORT FOR BORROWING CHURCH/ENTITY (if different than your church)

CHURCH NAME | CITY | STATE

BENEFICIARY DESIGNATION (OPTIONAL)

I name the following individual(s) or entity(ies) as beneficiary(ies) for this account:

1. This beneficiary (relationship to you) is a: ☐ SPOUSE ☐ TRUST ☐ MY ESTATE ☐ NON-SPOUSE INDIVIDUAL ☐ CHARITABLE/OTHER INSTITUTION

FULL NAME OF INDIVIDUAL, NAME OF TRUST, CHARITABLE OR INSTITUTION | BIRTH DATE | SOCIAL SECURITY OR TAX ID# | BENEFACTOR'S %

2. This beneficiary (relationship to you) is a: ☐ SPOUSE ☐ TRUST ☐ MY ESTATE ☐ NON-SPOUSE INDIVIDUAL ☐ CHARITABLE/OTHER INSTITUTION

FULL NAME OF INDIVIDUAL, NAME OF TRUST, CHARITABLE OR INSTITUTION | BIRTH DATE | SOCIAL SECURITY OR TAX ID# | BENEFACTOR'S %

3. This beneficiary (relationship to you) is a: ☐ SPOUSE ☐ TRUST ☐ MY ESTATE ☐ NON-SPOUSE INDIVIDUAL ☐ CHARITABLE/OTHER INSTITUTION

FULL NAME OF INDIVIDUAL, NAME OF TRUST, CHARITABLE OR INSTITUTION | BIRTH DATE | SOCIAL SECURITY OR TAX ID# | BENEFACTOR'S %

4. This beneficiary (relationship to you) is a: ☐ SPOUSE ☐ TRUST ☐ MY ESTATE ☐ NON-SPOUSE INDIVIDUAL ☐ CHARITABLE/OTHER INSTITUTION

FULL NAME OF INDIVIDUAL, NAME OF TRUST, CHARITABLE OR INSTITUTION | BIRTH DATE | SOCIAL SECURITY OR TAX ID# | BENEFACTOR'S %

OVER

TYPE OF NOTE REQUESTED (minimum investment - $100 per note)

For current rates, go to: pilp.pcusa.org/invest/#rates

A. FIXED RATE TERM NOTES

Six (6) Months	$ _____
Twelve (12) Months	$ _____
Twenty-Four (24) Months	$ _____
Thirty-Six (36) Months	$ _____
Forty-Eight (48) Months	$ _____
Sixty (60) Months	$ _____
Other: _____	$ _____

Interest is compounded unless a quarterly interest check is requested.

Check if quarterly interest check is requested (not available for a Mission Market Fund Note or any Note $5,000 or less) ☐

B. ADJUSTABLE RATE TERM NOTES

Six (6) Months	$ _____
Twelve (12) Months	$ _____
Twenty-Four (24) Months	$ _____
Thirty-Six (36) Months	$ _____
Forty-Eight (48) Months	$ _____
Sixty (60) Months	$ _____

C. MISSION MARKET FUND NOTE*

$ _____

*Mission Market Fund Note is not available in South Carolina

CERTIFICATION

By signing this form, I (we) certify that:

- I (we) have received a current Offering Circular of the Presbyterian Church (U.S.A.) Investment and Loan Program, Inc., and I am (we are) of legal age and not a minor.
- Prior to receipt of the Offering Circular, I was (we were) a member of, contributor to or participant in the Presbyterian Church (U.S.A.) or any Presbytery, Synod or other program, activity or organization which constitutes a part of the Presbyterian Church (U.S.A.), or I was (we were) an ancestor, descendent or successor in interest to such person.
- I (we) acknowledge that I (we) have read the exceptions described in the Offering Circular particular to my (our) state of residence.

- **Under penalty of perjury, I (we) certify that:**

1. **The Social Security number shown on this form is correct.**
2. **I am (we are) either exempt from withholding or otherwise not subject to backup withholding. The Internal Revenue Service (IRS) has not notified me (us) that part of my (our) dividend and interest income is to be withheld as a result of my failure to report all dividend and interest income.**

   Please draw an "X" through this paragraph if you ARE subject to backup withholding.
3. **I am a U.S. person (including a U.S. resident alien).**

The Internal Revenue Service does not require your consent to any provision of this form other than the certifications required to avoid backup withholding.

_____ _____

SIGNATURE - OWNER DATE

_____ _____

SIGNATURE - JOINT OWNER DATE

Questions? Contact us at (800) 903-7457 or visit our website at pilp.pcusa.org

Make check(s) payable to: Presbyterian Investment & Loan Program

Forward payment to: 100 Witherspoon St Room 4621
Louisville KY 40202-1396

Or forward payment via ACH: payerexpress.com/ebp/PILP/