

**PART 1: TYPE OF OWNERSHIP** *(Select and complete one of the following.)***How did you hear about WIF?**

ARC Conference

- ☒ **1. INDIVIDUAL OR JOINT WITH RIGHTS OF SURVIVORSHIP** *(One or more owners with full rights of survivorship and not tenants in common.)*

Name Michael A Bishop
(First/Mi/Last)

Social Security Number 376-88-8095

Date of Birth 01/25/1965

Mailing Address 8607 Carlsbad Lane

City/State/Zip Lansing, Michigan 48917

Phone # (517) 775-4916 Alt. Phone # _____

Email Address mbishop12565@gmail.com

Name Luca B Gilreath
(First/Mi/Last)

Social Security Number 691-25-1887

Date of Birth 09/15/2017

Mailing Address 222 Virginia St

City/State/Zip Lansing, Michigan 48912

Phone # (517) 775-4916 Alt. Phone # _____

Email Address mbishop12565@gmail.com

- ☐ **2. TRUST** *(Complete the enclosed Certification of Existence of Trust and Authority to Act form.)*

Name of Trust _____

Taxpayer Identification Number _____
(For Revocable Living Trusts this will be your Social Security Number)

Phone # _____ Alt. Phone # _____

Email Address _____

Mailing Address _____

City/State/Zip _____

- ☐ **3. CHURCH/DISTRICT/NONPROFIT/BUSINESS**

(Must provide names for at least two authorized signatories. A copy of a Board Resolution naming authorized signers is required.)

Name of Entity _____

Taxpayer Identification Number _____

Mailing Address _____

City/State/Zip _____

Phone # _____ Alt. Phone # _____

Email Address _____

Printed Names of Authorized Signers

1) _____

2) _____

3) _____

4) _____

PART 2: DEPOSIT AND WITHDRAWAL INFORMATION

Initial Deposit Amount \$25.00 *(A minimum of \$25.00 is required to open an account.)*

Distribution of Interest *(select one)*

- a. Compound to my Investment Account semi-annually ☒
- b. Paid to me by Electronic Funds Transfer (EFT) ☐ Monthly ☐ Quarterly ☐ Semi-annually
(You must complete Electronic Funds Transfer Authorization form to have interest paid to you.)

Electronic Funds Transfer (EFT) Authorization: Wesleyan Investment Foundation will process all requests for withdrawals from your account by EFT into your bank/credit union account. This is a free service, and funds will usually be available in your account by the next business day. Please provide your bank/credit union account information on the *Electronic Funds Transfer (EFT) Authorization* form.

PART 3: BENEFICIARY DESIGNATION (To be completed by Individual, Joint or Trust accounts. Church/District/Nonprofit/Business accounts leave blank & proceed to Part 4: Certification and Signature(s).)

If two or more of you create an account, you own the account jointly with survivorship. Beneficiaries acquire the right to withdraw only if all persons creating the account are deceased, and the beneficiary is then living. If two or more beneficiaries are named and survive the death of all persons creating the account, such beneficiaries will own the balance of the account in equal shares with right of survivorship. The person(s) creating this type of account reserves the right to: (1) change beneficiaries, (2) change account types, and (3) withdraw all or part of the deposit at any time. If no beneficiaries are named, your estate will be the beneficiary. If opening in the name of your trust and you wish for the funds to be distributed upon your death according to your trust, please list the name of your trust below. Listing beneficiaries other than your trust will override the trust.

☐ I elect not to designate beneficiaries at this time and understand that I may designate beneficiaries at a later date.

Name Christina M Gilreath
Mailing Address 222 Virginia St
City/State/Zip Lansing, Michigan 48917
Phone # (517) 974-5965 Alt. Phone # _____
Social Security Number/Tax ID Number 370-13-9557
Date of Birth 06/01/1991 Relationship Daughter of main acct holder, Mother of joint acct holder

Name _____
Mailing Address _____
City/State/Zip _____
Phone # _____ Alt. Phone # _____
Social Security Number/Tax ID Number _____
Date of Birth _____ Relationship _____

Name _____
Mailing Address _____
City/State/Zip _____
Phone # _____ Alt. Phone # _____
Social Security Number/Tax ID Number _____
Date of Birth _____ Relationship _____

Name _____
Mailing Address _____
City/State/Zip _____
Phone # _____ Alt. Phone # _____
Social Security Number/Tax ID Number _____
Date of Birth _____ Relationship _____

PART 4: CERTIFICATION AND SIGNATURE(S)

Investor represents, warrants and agrees that: (a) Investor has received and has carefully reviewed an Offering Circular describing the deposit investments (the "Investments") of Wesleyan Investment Foundation, Inc. ("WIF"). (b) Investor is purchasing the Investments either (i) solely for Investor's own account and not for the account of any other person or organization, or (ii) in Investor's capacity as a duly authorized trustee or other fiduciary with full power and authority to make investment decisions on behalf of a trust. (c) Investor has such knowledge and experience in financial and business matters that Investor is capable of evaluating the merits and risks of an investment in the Investments, and Investor is capable of making an informed decision with respect to an investment in the Investments. (d) Investor will not assign, encumber or otherwise transfer any part of its interest in the Investment without WIF's prior written consent. **Investor acknowledges the following:** (a) Investor will receive Semi-Annual Statements and Activity Notices through *Online Account Access* which requires a computer with internet access. Investor must enroll in *Online Account Access*. Step-by-step instructions for enrollment will come with your account confirmation letter. (b) WIF is not registered as an investment company or investment advisor under federal or state securities laws, or as a broker or dealer under the federal securities laws or the securities laws of most states, and the offering of the Investments has not been registered under federal securities laws or the securities laws of certain states, in reliance upon applicable exclusions or exemptions from such laws. Investor's failure to comply with this Agreement could jeopardize the availability of these exemptions. (c) Investments are unsecured, general debt obligations of WIF. (d) The payment of principal and interest on the Investments is dependent upon loan repayments to WIF which in turn is dependent in large part upon the future charitable giving of members of churches receiving loans from WIF, and that the continuation of or extent of such income cannot be predicted with any certainty. (e) No federal or state agency has made any determination as to the fairness of the Investments, nor made any recommendation or endorsement of the Investments. (f) The important information disclosed in the "Risk Factors" section of the Offering Circular. **The purchase of Investments is subject to investment risks, including possible loss of the entire principal amount invested. Investments are unsecured, are payable by WIF, and are not guaranteed by The Wesleyan Church or any other person or entity.**

Terms of Agreement: The foregoing terms of this Investment Agreement shall govern the initial investment and all subsequent investments by Investor in the Investments. All representations, warranties, agreements and acknowledgements of Investor are restated as of the date of each subsequent investment, including each time interest is reinvested.

Under penalties of perjury, I certify that the Social Security or Taxpayer Identification Number shown in *Part 1: Type of Ownership* is correct; and I am either exempt from backup withholding or otherwise not subject to backup withholding. The IRS has not notified me that part of my dividend and interest 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.)

Signature Michael Alan Bishop Printed Name Michael Alan Bishop Date 04/25/2019

Signature Luca Bradley Gilreath Printed Name Luca Bradley Gilreath Date 04/25/2019

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

By providing the information requested below, you authorize Wesleyan Investment Foundation (WIF) to initiate transfers into and out of your checking or savings account. **This is a free service.** To request a transfer you will need to contact our office by phone, fax, e-mail or through your *Online Account Access*. When requesting transfers your current mailing address, the last four digits of your Social Security Number and the answer to one of your Security Questions will be requested. Withdrawals from your WIF account to your bank account will usually be available by the next business day. We recommend that you verify the funds have been received before you draw on them. It is your responsibility to notify WIF in writing if your account changes or if you wish to stop a recurring transaction. WIF is not responsible for any overdraft fees or other charges resulting from an automatic debit.

WIF Account # 17358 Michael A Bishop
(For New Accounts Leave Blank) Name(s) on Account

Phone # (517) 775-4916 Alt. Phone # _____ Email Address mbishop12565@gmail.com

Account Holder Signature* Michael Alan Bishop Date 04/25/2019
(DIGITALLY SIGNED)

TRANSFER INFORMATION

☒ I am opening a new WIF savings account. Please transfer \$ 25.00 for initial deposit to open my account.

To set up recurring transfers to or from your checking or savings account and WIF, please complete the following (optional):

For Recurring Deposits to WIF:	For Recurring Withdrawals from WIF:
We withdraw from your bank account one business day prior to the date you list below. Please take into consideration both weekends and holidays.	We withdraw from your bank account one business day following the date you list below. Please take into consideration both weekends and holidays.
Transfer Amount: \$ _____	Transfer Amount: \$ _____
Transfer: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Transfer: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Beginning Date: _____	Beginning Date: _____

BANKING INFORMATION

Please attach a check marked void below OR fill in the information below.

Type of Account: ☒ Checking ☐ Savings

Name of Bank Lake Trust Credit Union

Bank Routing # 272078268

Account # 355645304

Name on Account Michael A. Bishop, Celeste A. Bishop

Name on account must be same as WIF account holder. Third party transfers are not permitted.

Special Instructions?



Signature: _____

Entered: _____

Flag: _____

Operator: _____

SECURITY QUESTION FORM

EACH account holder / authorized signer on your account(s) will need to complete a form.
This form may be photocopied and is also available for download on our website: wifonline.com.

Name(s) on Account Michael A Bishop

Account # 17358

PLEASE PROVIDE ANSWERS TO THREE OF THE FOLLOWING QUESTIONS

One or more of these will be asked each time you call our office. This will provide an added level of security and protection as we verify your identity.

Question**Answer**

What city were you born in?

San Antonio

What is your Mother's maiden name?

Silva

What is your Father's middle name?

Alfred

What is your favorite hobby?

What is the name of the High School you graduated from?

What was the name of your first pet?

What is your favorite color?

What was the make of your first car?

Account Holder Printed Name Michael Alan Bishop

Account Holder Signature* Michael Alan Bishop
(DIGITALLY SIGNED)

Date 04/25/2019



Signature: _____

Entered: _____

Flag: _____

Operator: _____

SECURITY QUESTION FORM

EACH account holder / authorized signer on your account(s) will need to complete a form.
This form may be photocopied and is also available for download on our website: wifonline.com.

Name(s) on Account Luca Bradley Gilreath

Account # 17358

PLEASE PROVIDE ANSWERS TO THREE OF THE FOLLOWING QUESTIONS

One or more of these will be asked each time you call our office. This will provide an added level of security and protection as we verify your identity.

Question**Answer**

What city were you born in?

What is your Mother's maiden name?

What is your Father's middle name?

What is your favorite hobby?

Basketball

What is the name of the High School you graduated from?

Sexton

What was the name of your first pet?

What is your favorite color?

Black

What was the make of your first car?

Account Holder Printed Name Luca Bradley Gilreath

Account Holder Signature* Luca Bradley Gilreath

Date 04/25/2019