



Methodists Helping Methodists

F O U N D A T I O N

Instructions for New Investors

This form is for People investing in the
Methodists Helping Methodists Fund
Variable-Rate, Demand Deposits

1. Read the [Offering Circular](#)
2. Fill out the following form, print and sign.
3. Mail the completed, signed form and a check.
Make checks payable to:
Methodists Helping Methodists Foundation

Mailing Address:

Methodists Helping Methodists Foundation
7350 E. Progress Pl. Suite 108
Greenwood Village, CO 80111

For information about electronic transfer of funds, please contact us at info@MHMFN.org or 303-778-6370.

If you don't have access to a printer, give us a call and we'll mail you the form along with a self-addressed, stamped envelope.

Note: Electronic signatures are not permitted for the first investment. After you fill out the first investment, you will be able to create new investments using the online system.

Accounts are not FDIC insured nor are accounts insured by any other governmental or private insurance of any kind. This is not an offer to sell or the solicitation of an offer to buy any investment or security. The offering is made only by the current Offering Circular which is available by contacting the Foundation.

SUBSCRIPTION AGREEMENT: VARIABLE-RATE FOR INDIVIDUALS

This Subscription Agreement (the “Agreement”) is made by and between the Methodists Helping Methodists Foundation, a Colorado non-profit corporation (the “Foundation”), administrator of the Methodists Helping Methodists Fund (the “Fund”), and the undersigned prospective investor who is subscribing for Variable-Rate Investment Accounts of Participation (the “Variable-Rate Investment Accounts”), in the Fund to be issued by the Foundation pursuant to the Offering Circular and as amended from time-to-time and including all exhibits and attachments thereto (collectively, the “Offering Circular”). The undersigned hereby irrevocably subscribes for and agrees to purchase Variable-Rate Investment Accounts in the principal amount indicated on the signature page hereof. Simultaneously with the execution of this Agreement, the undersigned is making the payment set forth on the signature page (the “Payment”), in the form of a check, money order, banker’s draft or wire transfer made payable to or deposited into the account of the Methodists Helping Methodists Fund.

The undersigned hereby represents and warrants to the Foundation as follows:

- A) The Variable-Rate Investment Accounts are being purchased for the undersigned’s own account for investment purposes only, not for the account of any other person and not with a view to distribution, assignment, or resale to others.
- B) The undersigned has been furnished with and has carefully read the Offering Circular, including but not limited to the information disclosed under “Risk Factors.” The undersigned is familiar with and understands the terms and condition of the Investment Accounts, the terms of this Offering and the proposed activities of the Methodists Helping Methodists Fund (the “Fund”). The undersigned has been afforded the opportunity to discuss the Investment Accounts and the proposed activities of the Fund with its representatives and to obtain all additional documents and information requested by the undersigned relating to the Variable-Rate Investment Accounts.
- C) The undersigned agrees to look only to those assets of the Fund for repayment of the principal amount of the Variable-Rate Investment Accounts and interest thereon. Such assets will consist solely of payments received by the Fund with respect to Mortgage Loans made by it, as well as the investments and cash reserve that the Fund intends to maintain with respect to the Variable-Rate Investment Accounts, all as more fully described in the Offering Circular.
- D) With respect to tax and other financial considerations involved in this investment, the undersigned is not relying on any advice or opinions from the Foundation or any person acting on its behalf. The undersigned has carefully considered and has, to the extent the undersigned believes appropriate, discussed with his or her legal, tax, accounting, and financial advisors the suitability of an investment in the Variable-Rate Investment Accounts for his or her particular tax and financial situation and has determined that the Variable-Rate Investment Accounts for which the undersigned is subscribing are a suitable investment.
- E) The undersigned will indemnify and hold harmless the Foundation and any officer, employee, director, member, control person, agent or representative of the Foundation who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, by reason of or arising from any breach of the undersigned’s warranties, covenants or agreements set forth herein against losses, liabilities and expenses for which any such indemnified person actually and reasonably incurred by the Foundation or such person in connection with such action, suit or proceeding.
- F) This agreement shall be enforced, governed, and construed in all respect in accordance with the law of the State of Colorado, shall be binding upon the undersigned, the undersigned’s heirs, estate, legal representatives, successors and assigns and shall inure to benefit of the Foundation, its successors and assigns.

_____ Initial(s)

G) Please indicate how you wish to receive your interest payments:
_____ by ACH directly to your checking/savings account (provide a cancelled check
or _____ an increase in the principal amount of the account (default option)

H) I/ We wish to subscribe for a Variable-Rate Account of Participation as follows:

Principal amount of Variable-Rate Account subscribed \$ _____

Dated _____ (month, day, year)

I) Member of _____ Church in _____ (city, state)

Authorization of Investment

Signature of Subscriber: X

Subscriber Name _____

Address, City, State, Zip _____

Phone _____ Email _____

Social Security Number _____ Date of Birth _____

Signature of Joint Subscriber: X

Subscriber Name _____

Address, City, State, Zip _____

Phone _____ Email _____

Social Security Number _____ Date of Birth _____

Printed Name of Custodian for a minor: X

as custodian for _____ (name)

whose Social Security Number is _____ and date of birth is _____

under the _____ (name of state) Uniform Transfer to Minors Act.

Custodian's Address, City, State, Zip _____

Custodian's Phone _____ Custodian's Email _____

Custodian's Social Security Number _____ Date of Birth _____

Beneficiary (if POD): *(You may name your heirs, your estate, your trust, your church or the Foundation as beneficiary. If no beneficiary is specified, then the funds will go to the estate of the Subscriber.)*

Name _____

Address, City, State, Zip _____

Phone _____ Email _____

Social Security Number _____ Date of Birth _____

Accepted this date _____

Methodists Helping Methodists Foundation

A Colorado non-profit corporation on behalf of the
Methodists Helping Methodists Fund

By: _____