



INDIVIDUAL PURCHASE APPLICATION (Non-Retirement)

Office Use Only Pin Inv AI

1. APPLICANT(S) INFORMATION

Applicant Role: Owner Trustee Custodian Gender: Male Female Name Social Security No. Birth Date Mailing Address City State Zip Phone: #1 #2 E-Mail

Applicant Role: Co-Owner Trustee Power of Attorney Custodian Gender: Male Female Name Social Security No. Birth Date Mailing Address City State Zip Phone: #1 #2 E-Mail Relationship to Owner

USA PATRIOT Act Notice

In order to comply with the USA PATRIOT Act, we must be able to identify our clients. All new applicants must provide us with either their driver's license information; a photocopy of an unexpired, photo-bearing, government-issued identification, such as a passport, military, veteran or similar ID; or a notarized document. Driver's License # State of Issue Issue Date Expiration Date

Other:

Church Affiliation City State Preferred Method of Correspondence Email Only Regular Mail Only (Default will be "Email Only")

2. OWNERSHIP TYPE Please select one

Individual Joint Tenancy Community Property Tenants in Common Trust Agreements—Include ENTIRE COPY OF TRUST. It can also be faxed, emailed or scanned Name of Trust Trust Social Security or Tax I.D. No. Custodial (UTMA)— The Certificate will be issued to the account Owner as custodian for the minor identified below ("Minor") under the Colorado Uniform Transfers to Minors Act (UTMA). This election will be irrevocable and the Custodian is required to request a transfer of the Certificate into sole name of the Minor when the Minor reaches the age of 21. We recommend that you consult with your attorney or financial advisor for more information about the Colorado UTMA. Minor's Name Gender: Male Female Social Security No. Birth Date Successor Custodian (if any) Social Security No. Successor Custodian Address:

* You may change or revoke the successor custodian designation by written notice to us.

3. INVESTMENT TYPE *To open IRA investments, please call the TSF office

- Foundation Demand Certificate Minimum \$250 to open -OR- Minimum \$25 to open with recurring monthly ACH of at least \$25* No Term \$ Cornerstone Time Certificate Minimum \$500 to open -OR- Minimum \$50 open with recurring monthly ACH of at least \$50* 6 MO \$ 1 YR \$ 3 YR \$ 5 YR \$ Keystone Negotiated Certificate Minimum \$250,000 — Interest Rate to be Negotiated Upon Receipt of Application. No Term \$ 6 MO \$ 1 YR \$ 3 YR \$ 5 YR \$

*Recurring monthly EFTs for reduced minimum are required for the life of the investment or until the standard minimum is met. Please complete Sections 5 & 6.



4. DISTRIBUTION OF INTEREST (If none checked, default will be "Compound Interest Quarterly into my Investment")

- Compound interest quarterly into my investment
 Pay interest to my bank account by Electronic Funds Transfer (Available only on investments of \$5,000 or more.)
 Monthly by the 5th
 Quarterly by the 5th

5. RECURRING INVESTMENT ADDITION (Required only if the amount in Section 3 is below standard minimum to open.)

- Please debit my bank account and add \$_____ (recurring amount to be added)
 Monthly on the _____, beginning on _____ (mm/dd/yyyy).
 Weekly
 Bi-weekly on _____ (Monday - Friday only), beginning on _____ (mm/dd/yyyy).

6. ELECTRONIC FUNDS TRANSFERS

I desire to have The Solomon Foundation process any request for electronic transfers indicated on this Purchase Application from:

- My existing bank account on file: _____ ending in _____.
(Bank Name) (Last 3 digits)
 A new bank account as listed on the enclosed EFT Authorization Form: _____ ending in _____.
(Bank Name) (Last 3 digits)

7. DISTRIBUTION UPON DEATH

- My estate
 The following individual / institution:
Name _____ Relationship _____
Social Security or Tax ID No. _____ Birth Date _____
Mailing Address _____ City _____ State _____ Zip _____
This election will remain in place unless changed in writing. Beneficiary form available upon request to list additional beneficiaries.

8. ACKNOWLEDGMENT

I (we) hereby acknowledge receipt of the Offering Circular of The Solomon Foundation and further represent that I (we) meet the definition of "Investor" as presented in the Offering Circular and accept the terms of the Offering Circular. Furthermore, each person signing below acknowledges that their signature(s), as signed below, will be used for identity verification purposes when requesting investment activities. This form also serves as a substitute Form W-9.

Under penalties of perjury, I (we) certify that:

- 1. The Social Security or Tax ID 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 (our) failure to report all dividend and interest income. Please draw an "X" through this Item 2 if you ARE subject to backup withholding.
3. I am (we are each) 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.

Pennsylvania Residents—RIGHT TO WITHDRAW: You have the right to withdraw from your purchase of these securities as described under "Notice of Right to Withdrawal" on page 5 of the Offering Circular.

To Complete your Investment, sign and return the Purchase Application with either:

- A check for the amount of your initial investment, payable to "The Solomon Foundation". OR
• Complete the EFT Authorization Form, and attach to this application. We will draw the total investment amount indicated in Section 3 from your bank account and transfer those funds to The Solomon Foundation.

(Required)

(Required if second Applicant is listed in Section 1)

Print Name _____

Print Name _____

Signature _____

Signature _____

Date _____

Date _____

Security Question _____

Security Question _____

(City of Birth)

(City of Birth)

Please indicate the number of signatures required for future transactions: 1 2 (Default is 1)