ORGANIZATION PURCHASE APPLICATION

1. APPLICANT INFORMATION

Applicant:

Name _____

Tax ID No. _____

Mailing Address _____ City _____ State _____ Zip _____

Phone: Primary _____ Other _____ E-Mail _____

Other:

Church Affiliation _____ City _____ State _____

How did you hear about TSF? _____

Preferred Method of Correspondence ❑ Email Only ❑ Regular Mail Only *(If not indicated, default will be "Email Only)*

2. OWNERSHIP TYPE   *Please select one*

Organization Type:

❑ **Church**   ❑ **For-Profit**   ❑ **Non-Profit**   ❑ **Partnership**   ❑ **LLC**   ❑ **Educational**   ❑ **Other** _____

3. INVESTMENT TYPE

- **Foundation Demand Certificate** Minimum $250 to open -OR- Minimum $25 to open with recurring monthly ACH of at least $25*

  ❑ No Term $_____ *(Not available to residents of South Carolina. Please see Offering Circular for more details.)*

- **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 ACHs 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. 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.

NOTE: If you have not invested with The Solomon Foundation previously, you will also be required to complete a "Corporate Resolution Form" with this application and the signature(s) below must match the signature(s) on that form. If you are a current investor, the signature(s) below must match the Corporate Resolution Form on file or a new, updated Corporate Resolution must be included with this Purchase Application.

(Required)	*(Required if number of required signatures is "2")*
Print Name _____	**Print Name** _____
Signature _____	**Signature** _____
Date _____	**Date** _____