



INDIVIDUAL PURCHASE APPLICATION (Non-Retirement)

1. APPLICANT(S) INFORMATION

Applicant Role: Owner Custodian
 Trustee

Gender: Male Female

Name _____

Social Security No. _____

Birth Date _____

Mailing Address _____

City _____ State _____ Zip _____

Phone #1 _____ #2 _____

E-Mail _____

Applicant Role: Co-Owner Successor Custodian
 Trustee Power of Attorney

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 _____

Driver's License # _____

State of Issue _____

Issue Date _____ Expiration Date _____

Other:

Church Affiliation _____ City _____ State _____

How did you hear about TSF? _____

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; this may be mailed, 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. You may change or revoke the successor custodian designation by written notice to The Solomon Foundation.

Minor's Name _____ Gender Male Female

Social Security No. _____ Birth Date ____/____/____

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

No Term option not available to residents of South Carolina. Please see Offering Circular for more details.

- Foundation Demand Certificate** Minimum \$250 to open Custodial (UTMA) only. All other Ownership types are \$2,500 to open.
 - No Term \$ _____
- Cornerstone Time Certificate** Minimum \$500 to open Custodial (UTMA) only. All other Ownership types are \$5,000 to open.
 - 1 YR \$ _____ 3 YR \$ _____ 5 YR \$ _____ 7 YR \$ _____
- Keystone Negotiated Certificate** Minimum \$250,000 — Interest Rate to be Negotiated Upon Receipt of Application.
 - No Term \$ _____ 1 YR \$ _____ 3 YR \$ _____ 5 YR \$ _____ 7 YR \$ _____



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

- 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*

(Beneficiary form available upon request to list additional beneficiaries.)

- My estate OR The following individual / institution:

Name _____ Relationship _____
Social Security or Tax ID No. _____ Birth Date _____
Mailing Address _____ City _____ State _____ Zip _____

*If two co-owners are listed in Section 1, beneficiaries will only come into effect in the event of the death of both co-owners. Please do not list either individual recorded in Section 1 as beneficiary in this section. This election will remain in place unless changed in writing. For Custodial investments: "My estate" MUST be selected; no other beneficiary options are legally valid.

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 IRS 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)