

Office Use Only	
Check #	
Customer #	

Investment Application

Organizational Account Information

Organization Name	EIN		
Street	City	State	Zip
Telephone Number	Email Address		Investment Amount

Demand Investment- *There is a \$100 minimum for Demand Investments.*

Church Savings Investment: _____

Term Investments- *There is a \$100 minimum for Term Investments.*

Term Investments: 1-year..... _____

2-year..... _____

3-year..... _____

4-year..... _____

5-year..... _____

By including a check, (i) you agree for the check to be used for electronic deposit of the investment amount to your investment and, if selected above, payment of interest from your investment, via automated clearinghouse (ACH), (ii) you authorize Converge Cornerstone Fund to initiate any correcting debit or credit that may be necessary, and (iii) you agree that the origination of ACH transactions to or from your investment must comply with the provisions of U.S. law.

Interest Payment - Please select how you want your interest handled.

I wish for my interest to remain in the certificate (*compound semi-annually*)

I wish for my interest to be paid by:

Check Electronic deposit

I want the frequency of my interest to be paid out:

Monthly Quarterly Semi-annually Annually

Investor Certification

I hereby acknowledge receipt of the Offering Circular dated April 1, 2020, of Converge Cornerstone Fund. I represent that I am 18 years of age or older. I further represent that I am a member of, contributor to, or participant in Converge, or a beneficiary or successor in interest to such person. I understand that the certificate(s) I currently hold has been purchased for my own account and that in the event I hold more than one certificate that this statement applies to all such certificates.

Certification - Under the penalties of perjury, I certify that:

All information provided is accurate and the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

Signature of Principal Certificate Owner or Trustee	Date	<input type="checkbox"/> I choose to view my statements electronically at myconverge.org
Signature of Joint Owner or Custodian	Date	

Note: Due to the IRS regulations, the Fund cannot issue your certificate until your taxpayer identification number is provided and the above certification signed. Additionally, in accordance with the US Patriot Act, the Converge Cornerstone Fund is required to verify the identity of any person or entity seeking to open an account. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask for a copy of your driver's license or other identifying documents. We will use this information to confirm the identity reported on an investment application with a third-party public records database.



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Certified Corporate Resolution

I, the undersigned, do hereby certify that the following resolutions were adopted by the

_____ of _____,
Name of Authorizing Body Name of Organization

_____ a _____ duly organized under the laws of
City/State Type of Corporation

the State of _____ and that said resolutions have not been rescinded or modified and
State

are in full force and effect at the date of certification:

Resolved, that the _____ of _____,
Name of Authorizing Body Name of Organization
 (the "Organization") and hereby approves the purchase of investment certificates offered by Converge
 Cornerstone Fund (the "Fund") in such amounts as the _____
Title of Senior-Most Officer
 (the "Senior Authorizing Officer") may determine from time to time.

Resolved, that the Senior Authorizing Officer shall execute and deliver to the Fund from time to time,
 Authorized Signature Records certifying the names, titles and specimen signatures of those
 representatives of the Organization which are authorized to act on behalf of the Organization, each acting
 singly.

Resolved, that this authority will continue until revoked by further action of the governing body of this
 Organization.

Print Name

Signature

Title*

Date

Corporate Address

City State Zip

*If a corporation, this certificate should be executed by the Secretary or Assistant Secretary reflected on
 the records of the appropriate Secretary of State.



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Authorized Signature Record for Institutional Certificate Investors

Name of Church or Organization _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Customer Number _____ Date _____

We understand that our organization must complete a new Authorized Signature Record containing all authorized persons signatures when 1) any new person is authorized to act on behalf of the organization or 2) rescinding authority by a current signatory to act on behalf of the organization.

Pursuant to the authority vested in me by Resolution dated _____, I hereby certify that the following _____ individuals are hereby authorized to sign on behalf of the above-named account and have (number of names listed below) been duly authorized and empowered by the organization stated above to act on its behalf. Any one individual person's signature shall be required to conduct transactions on this account

Name of Organization Officer _____ Title of Officer _____

Signature of Officer _____ Date _____

Authorized Signatories

Name	Signature	
Title with Organization	Email Address	Phone Number

Name	Signature	
Title with Organization	Email Address	Phone Number

Name	Signature	
Title with Organization	Email Address	Phone Number

Name	Signature	
Title with Organization	Email Address	Phone Number