

SYNOD OF THE PACIFIC MISSION DEVELOPMENT CERTIFICATE (MDC) APPLICATION FORM (Rev-03/01/11)

Certificate Holder: Church/Organization	Presbytery
Address, State, Zip	
Pin # Federal Identification N	umber:
We request (Please mark as applicable): A RENEWAL of our CURRENT MDC, Certif	icate # Amount: \$ OR
$\hfill \square$ THE PURCHASE of a NEW MDC in the amount	of \$ Account Name
☐ by a TRANSFER FROM our CURRENT Custodial Account, PIN#	
\square by a check mailed to the Synod loc	ekbox,
FOR THE FOLLOWING TERM:	
☐ 6-month MDC @ 3.500%, ☐ 1-year MDC @ 3.750%, ☐ 2-year MDC @ 3.950%, ☐ 3-year MDC @ 4.150% (The minimum to open: \$20,000.00. Mission Development Certificates are not redeemable, under any circumstances, during the term of the note.) OR	
We request (Please mark as applicable): A REDEMPTION of our MATURED MDC, Certificate #, and further request the funds:	
☐ BE TRANSFERED BACK to our Custodial Account, PIN#,	
☐ Total Amount (Principal and Interest) ☐ Interest Only, or	
□ Other (specify)	
Signature of Authorized Representative of Purchaser:	Date
Names of Contact persons for this account (please type or print clearly): Phone number email	
Phone num	beremail
MAIL INVESTMENT DEPOSITS (\$\$) TO-	

MAIL INVESTMENT DEPOSITS (\$\$) TO

Mailstop 62846
SYNOD OF THE PACIFIC – ATT: Investment Service
P.O. Box 3787
Santa Rosa, CA 95402-3787

FAX THIS APPLICATION TO 707.765.4467, or EMAIL TO: ani@synodpacific.org or MAIL TO: Synod of the Pacific, Ani Lelea, Investment Coordinator, 200 Kentucky Street, Suite B, Petaluma, CA 94952-3825

Questions? Please contact Ani Lelea at ani@synodpacific.org, or call 1.800.754.0669, Ext. 11.