

# Subscription Agreement (Individuals)

## 90-Day Demand Promissory Notes ("Notes")

## Office Use Only:

Note Account No.: \_\_\_\_\_

Title: \_\_\_\_\_

The undersigned:

(i) Is a "Qualified Noteholder" (as defined in Section 8 of the 90-Day Demand Promissory Note Terms and Conditions); (ii) Agrees to the 90-Day Demand Promissory Note Terms and Conditions on the reverse side; (iii) Has received and has had the opportunity to read the current Offering Circular of the Southwestern Union Revolving Fund (the "Issuer") for the Notes; and (iv) Acknowledges that this Subscription Agreement for Notes is subject to acceptance by the Issuer and is not accepted unless and until an "Account Statement" is issued by the Issuer.

The type of Note account you select may determine how property passes on your death. Your will may not control the disposition of funds held in some of the following Note accounts. You may choose to designate one or more convenience signers on a Note account, even if the Note account is not a convenience account. A designated convenience signer may make transactions on your behalf during your lifetime, but does not own the Note account during your lifetime. The designated convenience signer owns the Note account on your death only if the convenience signer is also designated as a P.O.D. payee or trust account beneficiary. **Select one of the following accounts by placing your initials next to the account selected:**

<b>___ (1) SINGLE-PARTY NOTE ACCOUNT WITHOUT "P.O.D." (PAYABLE ON DEATH) DESIGNATION.</b> The party to the Note account owns the Note account. On the death of the party, ownership of the Note account passes as a part of the party's estate under the party's will or by intestacy.	
Enter the name of the party:	Enter the name of the convenience signer(s):
<b>___ (2) SINGLE-PARTY NOTE ACCOUNT WITH "P.O.D." (PAYABLE ON DEATH) DESIGNATION.</b> The party to the Note account owns the Note account. On the death of the party, ownership of the account passes to the P.O.D. beneficiary of the Note account. The Note account is not a part of the party's estate	
Enter the name of the party:	Enter the name and address of the P.O.D. beneficiary:
Enter the name of the convenience signer(s):	
<b>___ (3) MULTIPLE-PARTY NOTE ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP.</b> The parties to the Note account own the Note account in proportion to the number of parties to the Note account. SWURF may pay any sum in the Note account to a party at any time. On the death of a party, the party's ownership of the Note account passes as a part of the party's estate under the party's will or by intestacy.	
Enter the names of the parties:	Enter the name of the convenience signer(s):
<b>___ (4) MULTIPLE-PARTY NOTE ACCOUNT WITH RIGHT OF SURVIVORSHIP.</b> The parties to the Note account own the Note account in proportion to the number of parties to the Note account. SWURF may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the Note account passes to the surviving parties.	
Enter the names of the parties:	Enter the name of the convenience signer(s):
<b>___ (5) MULTIPLE-PARTY NOTE ACCOUNT WITH RIGHT OF SURVIVORSHIP AND P.O.D. (PAYABLE ON DEATH) DESIGNATION.</b> The parties to the Note account own the Note account in proportion to the number of parties to the account. SWURF may pay any sum in the Note account to a party at any time. On the death of the last surviving party, the ownership of the Note account passes to the P.O.D. beneficiary.	
Enter the names of the parties:	Enter the name and address of the P.O.D. beneficiary:
Enter the name of the convenience signer(s):	

**ACKNOWLEDGMENT:** I acknowledge that I have read the Subscription Agreement and have received and have read the Offering Circular including the 90-Day Demand Promissory Note Terms and Conditions. I have placed my initials next to the type of Note account I want. I understand that any individual to a multiple-party Note account may close the Note account at any time. I also have read and understand and agree to the terms of the Investment Intent Letter, which is incorporated by reference herein.

**Interest on the Notes should be (pick one):**

- ☐ Reinvested in Notes  
☐ Paid to the Noteholder(s)

**SIGNATURE [INDIVIDUAL]:**

[x \_\_\_\_\_]  
Print Name: \_\_\_\_\_

**SIGNATURE [INDIVIDUAL]:**

[x \_\_\_\_\_]  
Print Name: \_\_\_\_\_

**SIGNATURE [INDIVIDUAL]:**

[x \_\_\_\_\_]  
Print Name: \_\_\_\_\_

**SIGNATURE [INDIVIDUAL]:**

[x \_\_\_\_\_]  
Print Name: \_\_\_\_\_

**SIGNATURE [Convenience Signer]:**

[x \_\_\_\_\_]  
Print Name: \_\_\_\_\_

**SIGNATURE [Convenience Signer]:**

[x \_\_\_\_\_]  
Print Name: \_\_\_\_\_

**Note Account Holder:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone#: \_\_\_\_\_ Home Phone# \_\_\_\_\_ Birth Date: \_\_\_\_\_  
I am a member of the \_\_\_\_\_ Seventh-day Adventist Church in the \_\_\_\_\_ Conference  
Social Security #: \_\_\_\_\_

**Joint Note Account Owner (with/without Right of Survivorship):**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone#: \_\_\_\_\_ Home Phone# \_\_\_\_\_ Birth Date: \_\_\_\_\_  
I am a member of the \_\_\_\_\_ Seventh-day Adventist Church in the \_\_\_\_\_ Conference  
Social Security #: \_\_\_\_\_

**Joint Note Account Owner (with/without Right of Survivorship):**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone#: \_\_\_\_\_ Home Phone# \_\_\_\_\_ Birth Date: \_\_\_\_\_  
I am a member of the \_\_\_\_\_ Seventh-day Adventist Church in the \_\_\_\_\_ Conference  
Social Security #: \_\_\_\_\_

**Joint Note Account Owner (with/without Right of Survivorship):**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone#: \_\_\_\_\_ Home Phone# \_\_\_\_\_ Birth Date: \_\_\_\_\_  
I am a member of the \_\_\_\_\_ Seventh-day Adventist Church in the \_\_\_\_\_ Conference  
Social Security #: \_\_\_\_\_

**Convenience Signer Information:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone#: \_\_\_\_\_ Home Phone# \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Convenience Signer Information:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone#: \_\_\_\_\_ Home Phone# \_\_\_\_\_ Birth Date: \_\_\_\_\_