



90-Day Demand Note Personal

Southern Union Revolving Fund
PO BOX 923868, Norcross, GA 30010-3868
770-408-1800 Fax 770-408-1803

Please complete form and submit to your local conference.

Conference _____ Church of Attendance _____

Name _____ SSN _____

Joint Owner _____ SSN _____

Address _____ E-mail _____

City _____ State _____ Zip _____ Phone _____

\$1,000 minimum required to open an account. (You can send the check directly to SURF **once the local conference assigns the sub-account number**, if you prefer, or give it to the conference to mail it to us along with this form)

Interest: The interest rate is variable.

Please check one:

- Accrue Interest
- If balance is greater than \$10,000, please pay interest on a quarterly basis.

Certification:

Under penalty of perjury, I certify that:

- The number shown on this form is the correct taxpayer identification number AND
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that am subject to backup holding as a result of a failure to report all interest or dividend.
- I am a US Citizen or a Permanent Resident.

Signature _____

Date _____

Signature _____

Date _____

If your account is a Non-Trust Demand Note:

Is it under Trust agreement? _____ (If yes, please provide copy of Trust Certificate)

If not, is it under a will? _____ (if yes, please provide a copy)

Have you named a POA that has power over this account? _____ (If yes, please provide copy)

Non-Trust Demand Note Beneficiary Designation: (if not UTA or included in the Will)

Pay on Death to:

Name _____ % _____

Name _____ % _____

Name _____ % _____

Name _____ % _____

The Conference will assign the sub-account number in the space below.

0	0					Irrevocable Trust with Conference or Union as Trustee
0	1					Non-Trust Demand Note
0	3					Self-Administered Revocable Trust (attach copy of Trust Certificate)

Membership verified by _____