

**1**

## OWNER INFORMATION

<input type="checkbox"/> <input type="checkbox"/>	
Print Owner Name	Date of Birth Male Female Social Security Number
Physical Address (Required)	City State Zip
Mailing Address (If different)	City State Zip
Phone Number	Email Address

## CO-OWNER INFORMATION

☐ Co-Owner's address is the same as owner above.

<input type="checkbox"/> <input type="checkbox"/>	
Print Co-Owner Name	Date of Birth Male Female Social Security Number
Physical Address (Required)	City State Zip
Mailing Address (If different)	City State Zip
Phone Number	Email Address
<input type="checkbox"/> Co-Owners may act separately (Default) <input type="checkbox"/> Co-Owners must act jointly	

## TRUST INFORMATION

If investment is being held in a trust, attach a copy of the trust cover page, trustee page, and signature page, or complete a Certification of Trust form.

Name of Trust	Date of Trust	Tax ID Number
Name(s) of Trustee(s)		
<input type="checkbox"/> Trustee(s) may act separately <input type="checkbox"/> Trustee(s) must act jointly (Default)		

**2**

## INVESTMENT INSTRUCTION

Enter the dollar amount below for each investment type you would like to establish. For Investment Certificates redeemed prior to maturity, our current policy is to impose an early redemption penalty of 2% of the principal amount. We may change this policy at any time without notice or consent from any investor.

Demand	\$ _____	2-Year	\$ _____
3-Month	\$ _____	3-Year	\$ _____
6-Month	\$ _____	4-Year	\$ _____
11-Month <sup>†</sup>	\$ _____	5-Year	\$ _____
1-Year	\$ _____	7-Year <sup>†</sup>	\$ _____
15-Month	\$ _____	10-Year <sup>†</sup>	\$ _____
		<b>Total Investment Amount</b>	<b>\$ _____</b>

<sup>†</sup>Available for new investments only; funds may not be transferred from an existing or renewing investment.

3

## FUNDING OPTIONS

☐ Check made payable to AG Loan Fund☐ Transfer from AGFinancial Investment # \_\_\_\_\_☐ Wire transfer (Contact us for instructions.)☐ Beneficiary Transfer from Original Owner # \_\_\_\_\_

4

## INTEREST PAYMENT OPTIONS

If interest is paid, payment will be made by Electronic Funds Transfer (EFT). If no EFT information is on file, interest will compound.

☐ Compound Interest

OR

Pay Interest: ☐ Monthly\* ☐ Quarterly ☐ Semi-Annually ☐ Annually\*Monthly interest payment option requires a \$10,000 minimum investment.☐ Use **existing** EFT instructions on file with AGFinancial.☐ Establish **new** EFT by completing EFT Form.

5

## PAPERLESS OPTIONS

I/we consent to receive the items I/we have checked below via email notification to the primary owner's email address. I/we understand I/we will no longer receive hard copies of those items by mail.

☐ e-Statements☐ Updates to offering circulars and any supplements☐ Maturity notices☐ Receive information and updates from AGFinancial via email.☐ Confirmations (additions to Demand Certificates only)

6

## AGREEMENT TO TERMS

*Signature is required by all investors/trustees.* I/we have received and agree with the terms of the Offering Circular. If investment is being held in a trust, AGFinancial must be informed in writing of any changes in the composition of the Trustee(s). AGFinancial is not liable for any improper, fraudulent, or otherwise unauthorized transactions based on the instructions given by any of the Trustee(s) so identified on this form. Further, the Trustee(s) agree(s) that AGFinancial will have no responsibility to examine the trust or to ensure the proper application of the trust assets in accordance with the trust.

## STATE SPECIFIC INFORMATION

*Alabama, Arizona, Arkansas, California, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Missouri, Oklahoma, Pennsylvania, South Dakota, Tennessee, or Washington investors only:* By signing below, we state that we are qualified to invest pursuant to the Offering Circular, and we hereby acknowledge such eligibility requirement set forth therein.

*Pennsylvania investors only - RIGHT TO WITHDRAW:* You have the right to withdraw from your purchase of these securities as described under State Specific Information in the Offering Circular.

## ARBITRATION INFORMATION

All claims and disputes arising under or relating to this Agreement are to be settled by binding arbitration in the State of Missouri. The arbitration shall be conducted on a confidential basis pursuant to the rules of the American Arbitration Association. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses, and reasonable attorneys' fees. An award of arbitration may be confirmed in a court of competent jurisdiction.

## TAX INFORMATION

Under penalties of perjury, I certify that: **1)** The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **2)** 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 I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding; and **3)** I am a U.S. citizen or other U.S. person (defined in the instructions).

If you have been notified by the IRS that you are currently subject to backup withholding, you must cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner/Trustee Signature

Printed Name

Date

Co-Owner/Trustee Signature

Printed Name

Date

**1****OWNER/CO-OWNER INFORMATION**

Investment Number(s), for changes

Print Owner Name	Date of Birth	Social Security Number
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Print Co-Owner Name	Date of Birth	Social Security Number
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**2****BENEFICIARY DESIGNATIONS**

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. By default, if any beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage of any remaining beneficiary(ies) shall be increased on a pro rata basis. If the preference is to have that beneficiary's share to go to his or her descendants, check "Per Stirpes." If no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages of the investment. If needed, attach a separate sheet.

**BENEFICIARY 1**

		<input type="checkbox"/>			%
Name of Individual or Institution	Per Stirpes	Social Security Number/TIN	Distribution		
			<input type="checkbox"/>	<input type="checkbox"/>	
Relationship	Phone	Date of Birth	Primary	Contingent	
Address		City	State	Zip	

**BENEFICIARY 2**

		<input type="checkbox"/>			%
Name of Individual or Institution	Per Stirpes	Social Security Number/TIN	Distribution		
			<input type="checkbox"/>	<input type="checkbox"/>	
Relationship	Phone	Date of Birth	Primary	Contingent	
Address		City	State	Zip	

**BENEFICIARY 3**

		<input type="checkbox"/>			%
Name of Individual or Institution	Per Stirpes	Social Security Number/TIN	Distribution		
			<input type="checkbox"/>	<input type="checkbox"/>	
Relationship	Phone	Date of Birth	Primary	Contingent	
Address		City	State	Zip	

**BENEFICIARY 4**

		<input type="checkbox"/>			%
Name of Individual or Institution	Per Stirpes	Social Security Number/TIN	Distribution		
			<input type="checkbox"/>	<input type="checkbox"/>	
Relationship	Phone	Date of Birth	Primary	Contingent	
Address		City	State	Zip	

# TRANSFER ON DEATH DESIGNATION

(continued from previous page)

3

## SIGNATURES

By signing below, I/we consent to the designation of beneficiary(ies) on this form and hereby revoke all prior beneficiary designations, if any, made for the named investments. This transfer on death designation on the investment is binding upon my/our heirs, beneficiaries, and legal representatives at my/our death, and shall be construed and applied in accordance with the Nonprobate Transfers Law of Missouri. (Transfer on death designations may not be available in Louisiana. If you completed the transfer on death designation, AGFinancial will distribute your funds based on your stated instructions, which may or may not satisfy Louisiana legal requirements. Consult appropriate tax and/or legal counsel regarding your individual circumstances.)

Owner Signature	Printed Name	Date

Co-Owner Signature	Printed Name	Date

### SPOUSAL CONSENT IF APPLICABLE

*Spousal consent is required for owners of individually owned investments residing in states deemed as community property. These states include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin. If you are married, reside in one of these states listed above, and have not designated your spouse as your sole primary beneficiary, your spouse must sign below stating you may name someone other than your spouse as beneficiary. If spousal consent is signed, then either notarization or witness by an AGFinancial representative is required.*

I am the spouse of the above-named investment owner. I consent to the beneficiary designation on this form. I understand that in approving the designation of a beneficiary other than myself I am waiving my right to any benefit under the investment. I further understand that this designation will remain in effect until a subsequent beneficiary designation with my written consent is filed.

Signature of Spouse	Printed Name	Date

State of                    )  
                                  ) SS  
County of                )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for said state, personally appeared, known to me to be the person(s) who executed the within instrument and acknowledged to me that he/she executed the same for the purposes therein stated.

(SEAL)

OR

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_  
AGF Witness, Title