



HERITAGE INVESTMENT SERVICES FUND

An investment that works

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PERSONAL NOTE PURCHASE APPLICATION

Please complete and sign this application and return it, along with your check, to the above address. A separate purchase application must be completed and submitted for each Note you desire to purchase. Heritage Investment Services Fund, Inc. (HIS Fund), in its discretion, may limit the number of Notes an investor may hold (any limitation will be applied separately to Notes purchased for an IRA). Checks should be made payable to HIS Fund. An investor purchasing a Note for a self-directed IRA must complete an IRA Note Purchase Application instead of this Application.

TYPE OF ACCOUNT DESIRED (Please check only one):

- Individual (one account name only) Joint Tenants with Right of Survivorship* UTMA Custodial Account for Minor**

Primary Account Owner or Minor Information if UTMA Account			Joint Owner or UTMA Custodian Information (if applicable)		
FIRST NAME	MI	LAST NAME	FIRST NAME	MI	LAST NAME
SOCIAL SECURITY NUMBER		DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER		DATE OF BIRTH (mm/dd/yyyy)
STATE OF RESIDENCE			STATE OF RESIDENCE		
MAILING ADDRESS			MAILING ADDRESS		
Street			Street		
City		State	City		State
Zip Code			Zip Code		
Telephone No.: _____			Telephone No.: _____		
Email: _____			Email: _____		
<input type="checkbox"/> This is my new address, please update your records accordingly.			RELATIONSHIP OF JOINT ACCOUNT HOLDER/UTMA CUSTODIAN TO PRIMARY ACCOUNT HOLDER/MINOR: _____		

***For joint accounts:** The primary account owner's name and social security number listed will be used for tax reporting purposes. HIS Fund limits joint accounts to the primary account owner and one additional joint owner. Both joint account owners must sign this Application below. However, in the discretion of HIS Fund, only the signature of one of the account owners may be required for transactions with respect to a joint account, including withdrawals, renewals and reinvestment. HIS Fund may act at any time on the instructions of either account owner and withdrawal checks may be made payable to either named account owner. Account statements and other correspondence will be sent only to the address of the primary account owner. Please consult with your tax advisor regarding possible tax implications of joint accounts.

****For UTMA accounts:** The UTMA custodian must sign this Application below. The minor's name, address and social security number will be used for tax reporting purposes. All other account statements and correspondence will be sent to the custodian. Please consult with your tax advisor regarding possible tax implications of UTMA accounts.

AMOUNT OF PURCHASE: \$ _____ (\$500 minimum) (DO NOT SEND CASH)

- Please find the enclosed check, made payable to HIS Fund (*Heritage Investment Services Fund, Inc.*)
- Please debit the bank account from my existing _____ (bank name) bank account on file ending in _____ (last three digits)
- Please debit my new _____ (bank name) bank account ending in _____ (last three digits) (Attach a Direct Deposit Authorization Form)

TYPE OF NOTE DESIRED (Please check only one - See "Description of Securities" in the Prospectus):

- Demand plus 30 days prior notice of withdrawal (not available in South Carolina)
- 6 Month Term Note
- 1 Year Term Note
- 2 ½ Year Term Note
- 4 Year Term Note
- 5 Year Term Note
- Ministry Rate Term Note related to the following Borrowing Church: _____
(available only if the church is participating in a matching funds loan program)

INVESTOR HAS NO RIGHT OF WITHDRAWAL PRIOR TO MATURITY. If HIS Fund, in its discretion, permits early withdrawal, interest penalty and processing fee may apply. Restrictions on transfer apply. See the Prospectus.

INTEREST OPTIONS (Please check either "Compound Interest" or "Pay Interest" below and, if you choose "Pay Interest," please check one of the interest payment options. If you do not elect any of the options, all interest will be automatically redeposited. Interest is compounded on a quarterly basis only if interest is left on deposit. Interest rate on all Demand Notes is variable. Interest on Term Notes is fixed at time of issuance. See "Description of Securities" in the Prospectus.)

- | | | |
|---|-----------|--|
| <input type="checkbox"/> Compound Interest (redeposit)
Quarterly (every three months)† | OR | <input type="checkbox"/> Pay Interest (please choose payment frequency by checking one of the options below) †* <ul style="list-style-type: none"> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (every three months) <input type="checkbox"/> Semi-Annually (every six months) <input type="checkbox"/> Annually (every twelve months) (not available with 2 ½ Year Note) |
|---|-----------|--|

† Interest payment or compounding period is currently based on the number of months specified above (1, 3, 6 or 12 months, as applicable) from the end of the month of purchase with the first interest payment or redeposit occurring as of the end of the month of purchase. HIS Fund reserves the right to adjust this method in its discretion.

* Interest will be paid via Direct Deposit. Please complete the Direct Deposit Form available on our website.

The undersigned hereby applies to purchase a Note in accordance with this Application and the provisions of the Prospectus dated April 24, 2018 receipt of which is hereby acknowledged. The undersigned represents that the undersigned is a member of, contributor to or participant in the General Council of the Assemblies of God, the Pennsylvania-Delaware District Council of the Assemblies of God, or in a program, activity, or organization which constitutes a part of the General Council or the District Council, or in a church organization that has a programmatic relationship with the General Council or the District Council.

_____ Primary Account Owner/UTMA Custodian Signature	_____ Date
_____ Joint Account Owner (if applicable)	_____ Date

How did you hear about us? Check any that apply –
 District Council Conference Pastor From a friend Other: _____

Acceptance of this Application by HIS Fund will be evidenced by a written confirmation. HIS Fund reserves the right to reject any application for any reason in its discretion.

IF YOU HAVE ACCEPTED AN OFFER TO PURCHASE THESE SECURITIES DESCRIBED IN A PROSPECTUS WHICH CONTAINS A NOTICE EXPLAINING YOUR RIGHT TO WITHDRAW YOUR ACCEPTANCE PURSUANT TO SECTION 207(m)(1) OF THE PENNSYLVANIA SECURITIES ACT OF 1972 (70 P.S. §1-207(m)), YOU MAY ELECT, WITHIN TWO BUSINESS DAYS AFTER THE FIRST TIME YOU HAVE RECEIVED THIS NOTICE AND A PROSPECTUS (WHICH IS NOT MATERIALLY DIFFERENT FROM THE FINAL PROSPECTUS), TO WITHDRAW FROM YOUR PURCHASE AND RECEIVE A FULL REFUND OF ALL MONIES PAID BY YOU. YOUR WITHDRAWAL WILL BE WITHOUT ANY FURTHER LIABILITY TO ANY PERSON. TO ACCOMPLISH THIS WITHDRAWAL, YOU NEED ONLY SEND A WRITTEN NOTICE (INCLUDING A NOTICE BY FACSIMILE OR ELECTRONIC MAIL) TO THE ISSUER (OR UNDERWRITER IF ONE IS LISTED ON THE FRONT PAGE OF THE PROSPECTUS) INDICATING YOUR INTENTION TO WITHDRAW.