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PERSONAL ADDRESS/NAME CHANGE FORM

SECTION A - CHANGE OF ADDRESS OR NAME

Type of Change: Address Change Name Change

Name _____ New Name _____

Social Security No. _____ New Address: _____

Date of Birth (mm/dd/yyyy) _____ Mailing Address _____

Telephone No. _____ Mailing Address Cont. _____

Email _____ City _____ State _____ Zip _____

SECTION B – SIGNATURES

The undersigned hereby applies to purchase a Note in accordance with this Application and the provisions of the Prospectus dated April 24, 2017 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.

_____	_____
<i>Signature</i>	<i>Date</i>