

90-Day Demand Note Personal

Southern Union Revolving Fund PO BOX 923868, Peachtree Corners, GA 30010-3868

Please complete form and submit to your local conference.

Conference	Church	of Attendance		
Name			SSN	
Joint Owner			SSN E-mail	
Address				
City	State	Zip	Phone	
\$1,000 minimum required to open account number, if you prefer, or g			ly to SURF once the local conference assigns the sub - g with this form)	
Interest: The interest rate is var	iable.			
Please check one:				
Accrue Interest				
☐ If balance is greater than \$	10,000, please pay int	terest on a quart	erly basis.	
Certification: Under penalty of perjury, I certi	fy that:			
 Under penalty of perjury, I certi The number shown on I am not subject to bac 	this form is the correct kup withholding beca I Revenue Service (IRS	use (a) I am exer	ification number AND npt from backup withholding, or (b) I have not been t to backup holding as a result of a failure to report all	
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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	,
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