



Carolina Conference of Seventh-day Adventists
 P.O. Box 560339
 Charlotte, NC 28256-0339

___ 00 ___	Revocable Trust with Conference/Union as Trustee (Conference will obtain EIN)
___ 01 ___	Non-trust Demand Note
___ 02 ___	Church, School, or Conference Entity
___ 03 ___	Self-administered Revocable Trust (attach copy of Certificate of Trust)

**Application for Deposit to Southern Union Revolving Fund (SURF)
 90-Day DEMAND NOTE**

Date: _____ Amount of Deposit: _____ (\$1,000 minimum required to open account)
 (Large deposits may not be withdrawn for a year.)

Name: _____ SSN or EIN: _____

Second Name: _____ SSN or EIN: _____

Address: _____ County _____

City _____ State _____ Phone(s): _____

Check one: () Individual(s) not employed by Conference **OR** () Conference employee

The interest will change when there is a significant fluctuation in the money market in general.

Check one:

Interest () will accrue OR () will be paid to me quarterly, if the account balance is greater than \$10,000.00. Interest is paid to the date of withdrawal.

Certification:

Under penalties of perjury, I/we certify that:

1. The number(s) shown on this form is/are my correct taxpayer identification number(s); AND
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 US person (including a US resident alien).

Signature _____ Date: _____

Signature _____ Date: _____

Non-trust demand note beneficiary designation:

Pay on death to:
 (NAME) _____

(ADDRESS) _____

Please use the back of the page if you run out of room.