



# 90-Day Demand Note

## Personal

Southern Union Revolving Fund  
PO BOX 923868, Norcross, GA 30010-3868  
770-408-1800 Fax 770-408-1803

Please complete form and submit to your local conference.

Conference \_\_\_\_\_ Church of Attendance \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Joint Owner \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

\$1,000 minimum required to open an account. (You can send the check directly to SURF **once the local conference assigns the sub-account number**, if you prefer, or give it to the conference to mail it to us along with this form)

Interest: The interest rate is variable.

Please check one:

Accrue Interest

If balance is greater than \$10,000, please pay interest on a quarterly basis.

### Certification:

Under penalty of perjury, I certify that:

- The number shown on this form is the correct taxpayer identification number AND
- 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 am subject to backup holding as a result of a failure to report all interest or dividend.
- I am a US Citizen or a Permanent Resident.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### If your account is a Non-Trust Demand Note:

Is it under Trust agreement? \_\_\_\_\_ (If yes, please provide copy of Trust Certificate)

If not, is it under a will? \_\_\_\_\_ (if yes, please provide a copy)

Have you named a POA that has power over this account? \_\_\_\_\_ (If yes, please provide copy)

#### Non-Trust Demand Note Beneficiary Designation: (if not UTA or included in the Will)

Pay on Death to:

Name \_\_\_\_\_ % \_\_\_\_\_

Name \_\_\_\_\_ % \_\_\_\_\_

Name \_\_\_\_\_ % \_\_\_\_\_

Name \_\_\_\_\_ % \_\_\_\_\_

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 \_\_\_\_\_