



CHECKLIST

Please include the following with your completed application:

- Payment via check made payable to Reinvestment Fund Inc. or electronic payment (instructions provided upon request).
Completed W-9.
Investor or authorized signers must include a copy of driver's license or other government-issued ID to validate identity.
If establishing an investment in the name of a trust, please enclose a copy of the trust document or trust certification form. If establishing an investment in the name of a corporation or other entity, please include a copy of the investment resolution and articles of incorporation (or the equivalent).

TYPE OF INVESTMENT

Ownership of the promissory notes will be recorded exactly as stated (check only one box).

An investor must be of legal age for the state in which s/he resides in order to be listed as an Owner of an account.

Accredited investor? (total assets in excess of \$5 million) Yes No

- Individual
Joint
Trust

Corporation or Entity

Type of Organization:

Government: Local State Federal

For-profit: Corporation Bank Other financial

Nonprofit: Foundation Religious Civic

OWNERSHIP INFORMATION

Individual, Trust or Entity

Name (If individual: first, middle initial, last)

Birthdate (mm/dd/yyyy)

Joint Owner, Trustee, Wealth Manager, or Other

Name (first, middle initial, last)

Birthdate (mm/dd/yyyy)

Title / Relationship

Is each investor a U.S. Citizen or a U.S. resident alien? Yes No

Is any investor a foreign political figure? Yes No

Uniform Gifts/Transfers to Minors Act Investment

Name (If individual: first, middle initial, last)

Birth date (mm/dd/yyyy)

This investment is being made under the (name of state) Uniform Gifts/Transfers to Minors Act. *UGMA/UTMA accounts will be registered in the minor's Social Security number.

ADDRESS

NOTE: This information will be used as your address of record for correspondence with Reinvestment Fund Inc. for all purposes unless changed via written notice in accordance with Section 5 of your Promissory Note.

Address

City State Zip

Phone (XXX-XXX-XXXX)

Email

COMMUNICATION OPTIONS

Indicate whether or not we may list you among our financial supporters.

- Yes, please list my/our name(s).
No, please do not list my/our name(s).

I would like to receive all communications (including Reinvestment Fund Inc. annual financial statements) related to my investment:

- by mail. electronically.

INVESTMENT INFORMATION

The minimum investment is \$1,000 and minimum term is 3 years. Maturity dates will be June 30 or December 31 depending on the initial investment date. Investors have the option to reinvest interest payments with Reinvestment Fund by selecting below. If chosen, interest will be reinvested into principal, on those dates that interest payments are otherwise made, i.e. June 30 or December 31, as determined by the maturity date of the investment.

\$ _____
Principal Amount Term (in years)

Interest: [] Reinvest Interest
[] Pay Interest Annually

Interest Rate (up to maximum on Prospectus)

PhilImpact Fund

[] I would like to restrict my funds to lending in the Greater Philadelphia region.

Bequest

Investors may choose to donate the principal of their loan, along with all accrued and unpaid interest, to Reinvestment Fund in the event of their death(s) prior to the maturity date of the loan. Funds will be retained as equity in the Loan Fund to be used for the same purposes as the initial investment. In the case of Joint Investors, the donation will be deemed to be made at the death of the last survivor of the Investors. Because this may impact an Investor's estate and tax plan, we suggest that Investors who make this election discuss this with their estate and tax planning advisors. The Promissory Note will set forth the terms and conditions of the donation.

[] I wish to donate the then outstanding principal amount of my loan, along with all accrued and unpaid interest, to Reinvestment Fund as a contribution to equity in the Loan Fund in the event of my death before the maturity date.

SIGNATURES

I certify that to the best of my knowledge the information provided above is correct. I have also received and read the Prospectus for the Fund in which I am investing and I agree to the terms of the Prospectus. I hereby acknowledge and agree that, by my signature below, I hereby agree to become bound by the terms and conditions set forth in the Promissory Note in the form attached to the Prospectus to be delivered to me by Reinvestment Fund Inc. in connection with my investment hereunder.

Owner, Custodian, Trustee, Corporate Officer, etc.

Joint Owner, Co-Trustee, Corporate Officer, etc.

Date:

Date:

Please include check made payable to Reinvestment Fund or email invest@reinvestment.com for electronic payment instructions.

How did you hear about Reinvestment Fund?

WITHDRAWAL OF ACCEPTANCE

IF YOU HAVE ACCEPTED AN OFFER TO PURCHASE THESE SECURITIES MADE PURSUANT TO A PROSPECTUS, WHICH CONTAINS A WRITTEN NOTICE ON PAGE 26 THEREOF EXPLAINING YOUR RIGHT TO WITHDRAW YOUR ACCEPTANCE PURSUANT TO SECTION 207(M) OF THE PENNSYLVANIA SECURITIES ACT OF 1972, 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 AGREEMENT AND RECEIVE A FULL REFUND OF ALL MONEYS 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 TO 215-574-5919 OR ELECTRONIC MAIL TO INVEST@REINVESTMENT.COM) TO THE FUND INDICATING YOUR INTENTION TO WITHDRAW.

