

Section A: Account Registration
Individual/Joint Owners or Others (Trust, etc.):

Last Name	First	Middle Initial	Social Security #
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Last Name	First	Middle Initial	Social Security #
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For additional security:

Would you like to establish a four digit Personal Identification Number on your account? ____ ____ ____ ____

OR Custodial Account

Minor's Last Name	First	Middle Initial	Social Security #
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Custodian's Last Name	First	Middle Initial	Social Security #
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Successor Custodian	Social Security #
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Mailing Address:

Street

City	State	Zip Code
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Home Phone	Business Phone	Extension
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Section B: Type of Investments (Please note: There is a \$100.00 minimum per certificate.)

Select the type and amount of your investment after reviewing the current Offering Circular. If you have any questions or need additional information, please call the UMLI office at (574) 293-1332.

Investment Certificate Term	Interest Rate	Principal Amount
One Year Certificate	2.0%	\$
Two Year Certificate	2.5%	\$
Three Year Certificate	3.0%	\$

Interest Payment Method, please *check one* method of interest payment: Accumulate and compound monthly (Minimum balance of \$20,000 required) Accumulate and compound quarterly Pay by check monthly (Minimum balance of \$20,000 required) Pay by check quarterly

Section C: Joint Ownership and POD (Payable On Death) Account Agreement

If applicable, we agree with each other and UMLI that all funds invested (including any earnings thereon) shall be owned by us jointly, with the right of survivorship. On the death of one party to this joint investment, all sums on the date of death vest in and belong to the surviving party or parties jointly. Payment of funds from this investment account may be made upon request by any of us.

If applicable, I (We) agree with UMLI that the person(s) named or designated as POD payee(s) shall, upon my death (the death of the last survivor of us), own all funds invested in this Investment Certificate (including any earnings thereon). If there are more than one POD payee named, the total investment ownership shall be equally divided between them. List all POD designee’s full name, address and Social Security number: (additional may be listed at bottom of page)

1. _____	2. _____
(Name)	(Name)
_____	_____
(Address)	(Address)
_____	_____
(Social Security #)	(Social Security #)

We agree that this investment (and any other agreement(s)) is subject to any and all rules, regulations, bylaws, and policies of UMLI now in effect and amended or adopted hereafter.

Section D: Certification

- I understand and ratify that the interest payment account feature(s) chosen in Section B will remain valid until revoked in writing.
- Under penalty of perjury, the Social Security or Tax ID number shown on the application is correct.
- I have received a current Offering Circular of UMLI and am of legal age and not a minor.
- I understand that the investment certificates are unsecured debt obligations of UMLI and repayment of principal and interest will be solely dependent upon the financial condition of UMLI.

The undersigned acknowledges and agrees to all the terms and conditions in the Offering Circular and this Investment Application and Agreement.

X _____	_____
Signature of Account Holder, Trustee or Custodian	Date
X _____	_____
Signature of Joint Owner or Title	Date
X _____	_____
Signature of Joint Owner or Title	Date