

BAPTIST MISSIONARY ASSOCIATION OF MISSISSIPPI
REVOLVING LOAN FUND DEPARTMENT
PROMISSORY NOTE - INDIVIDUAL ACCOUNT FORM

Date: _____, 20____ Amount: \$_____ Current Interest Rate: _____%

Account # _____ Interest: ☐ Add to Principle ☐ Mail Quarterly ☐ Mail Annually

INVESTOR(s):

Name: _____ SS #: _____
Gender: ☐M ☐F Birth Date: _____ Marital Status: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ E-Mail: _____

☐ "OR" ☐ "AND" (if joint account, please mark how account should read)

Name: _____ SS #: _____
Gender: ☐M ☐F Birth Date: _____ Marital Status: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ E-Mail: _____

☐ "OR" ☐ "AND" (if joint account, please mark how account should read)

Name: _____ SS #: _____
Gender: ☐M ☐F Birth Date: _____ Marital Status: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ E-Mail: _____

PRIMARY BENEFICIARY:

_____ % Share Name: _____ SS #: _____
Relation: _____ Gender: ☐M ☐F Birth Date: _____ Marital Status: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ E-Mail: _____

SECONDARY BENEFICIARY(IES):

_____ % Share Name: _____ SS #: _____
Relation: _____ Gender: ☐M ☐F Birth Date: _____ Marital Status: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ E-Mail: _____

AND

_____ % Share Name: _____ SS #: _____
Relation: _____ Gender: ☐M ☐F Birth Date: _____ Marital Status: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ E-Mail: _____

AND

_____ % Share Name: _____ SS #: _____
Relation: _____ Gender: ☐M ☐F Birth Date: _____ Marital Status: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ E-Mail: _____

BMA of MS RLF
PROMISSORY NOTE – INDIVIDUAL ACCOUNT FORM
(continuation page)

AND

_____ % Share Name: _____ SS #: _____
Relation: _____ Gender: ☐M ☐F Birth Date: _____ Marital Status: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ E-Mail: _____

For value received for loan/deposit minus all withdrawals and accrued interest paid, the BMA of MS RLF Department Trustees promise to pay to the above Investor(s) upon request any portion or total of the Investor's current balance provided that current liquidity is available. If unusual conditions should restrict liquidity, share funds will be available on a weighted share average. All investments will earn interest compounded quarterly thereon at the rate determined by the trustee board. Should the rate of interest be adjusted by means of increase or decrease, each Investor will receive notice of such at least fifteen days before the new rates take effect.

For Protection of Investor's Account: In case of death of Investor(s), the BMA of MS RLF Department Trustees will release any portion or all of the total remaining balance of said account to Beneficiary(ies) named on this account document after receiving instructions from legal representatives of both the Investor(s) and the RLF Department with the above stated liquidity restriction.

The conditions herein set forth shall be binding upon the beneficiary(ies), heirs, successors, legal representatives, executors and administrators of the Investor(s).

*******DATE & SIGNATURE(s)*******

Witness our signatures on this the _____ day of _____, 20 ____.

Approved as to form and content:

| | |
|------------------------------------|----------------------|
| _____ (Investor's Printed Name) | _____ (Signature) |
| _____ (Investor's Printed Name) | _____ (Signature) |
| _____ (Investor's Printed Name) | _____ (Signature) |

******NOTARY******

State of ____ / County of _____

On this ____ day of _____, 20 ____ before the undersigned officer,
_____, _____, and _____ personally
appeared and known to me or satisfactorily proven to be the person(s) whose name(s) is/are subscribed to
the within instrument and acknowledged that he/she/they executed the same for the purposes therein
contained. In witness whereof, I here unto set my hand and official seal.

Notary's Signature

Reviewed by: _____

Approved by: _____

Brittany Cummins
Baptist Missionary Association of MS
Missions & RLF Department Office Manager