## **Enterprise Community Impact Note Investment Application**

Interest Area(s): Please designate your area(s) of interest (circle as many as applicable):	
Geographic Area Initiative	
Northern California Southeast COVID-19 Community Stabilization (National) Southern California Mid-Atlantic Equitable Path Forward (National) Midwest Pacific Northwest Partnership to End Homelessness (Washington, DC) New York Gulf Coast Colorado  Other	
COVID-19 Community Stabilization  □ By selecting the COVID-19 Community Stabilization Initiative above and checking this box you are choosing to invest in eith three or five-year term Note with a unique and reduced interest rate set forth in the Term Sheet.	ner a
Equitable Path Forward  ☐ By selecting the Equitable Path Forward Initiative above and checking this box you are choosing to invest in the unique rate and terms set forth in the Term Sheet	es
Partnership to End Homelessness  ☐ By selecting the Partnership to End Homelessness Initiative above and checking this box you agree that we may share your name, investment amount and email address with the Greater Washington Community Foundation.	
Targeting: Optional for investors who are interested in supporting specific causes and/or initiatives: Please discuss investment targeting advance with an Enterprise Community Loan Fund Representative at 1-877-389-9239. A targeted investment in the Note is not guaranteed to be used in a requested area and may be untargeted at any time. Please refer to the prospectus for a complete explanation of this option.  □ I have confirmed with an ECLF representative and I would like my investment to be targeted as follows:	in

These securities are exempt from federal registration and have not been approved or disapproved by the Securities and Exchange Commission or any state securities commission, nor has the federal or any state securities commission passed on the accuracy or adequacy of this document. Any representation to the contrary is a criminal offense.

Notes are not secured by any specific loans or assets. Notes are not deposits or obligations of, or guaranteed or endorsed by, any bank, and are not insured by the FDIC, SIPC, or any other agency.

Notes are issued to investors who invest for specific terms with the expectation of a fixed rate of return. Notes are subject to certain risks as disclosed in the prospectus, which should be read before investing.

There can be no assurance that we will have sufficient cash reserves to satisfy all outstanding obligations.

If you have any difficulty filling out this form, or need additional information, please call Enterprise at 877.389.9239.

IMPORTANT NOTICE—The USA PATRIOT Act. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who purchases a Note. When you purchase a Note we will verify the following information: your name, address, date of birth and potentially other identifying information.

By signing and submitting this form, I hereby agree to be bound by the terms of the prospectus, and acknowledge that all notices and documentation related to my investment(s) in the Impact Note, including tax forms, will be delivered electronically to the e-mail address(es) provided on this investment application, unless I choose to opt-out of electronic delivery. I understand that after I provide consent to electronic delivery, I may choose to opt-out of receipt of electronic delivery of documents at any time and I am also entitled to receive documents on paper, upon my request, free of charge. To request paper documents or opt-out of electronic delivery, I understand I should contact Enterprise by telephone at 877-389-9239 or email at <a href="mailto:lmpactNote@enterprisecommunity.org">lmpactNote@enterprisecommunity.org</a>.

	•	_	this box, I am requesting a duplicate copy of all invens) be sent to the following individual(s) designated i	•
			Electronic delivery to	
			Hardcopy to	
Auth	By check contact By check my inves	king info king tmei	ormation is attached to this Application, to receive argethis box, I am indicating that I want my third-party r	ealth manager, broker-dealer, attorney, or accountant whose d transmit information to and from ECLF on my behalf. epresentative to receive information and materials related to ant to receive a copy of these materials. I understand that LF.
Sign I	Here:			
Indiv	ridual, Trus	stee,	e, or Officer Signature Date	
Joint	Signature		Date	

## Please check all of the boxes that apply and provide all required information.

First Name	Middle Name	Last Name		
Social Security Number	Date of Birth	U.S	6. Citizen?	Country of Legal Residence
Home Address (No PO Box)	C	iity	State	Zip Code
Home Phone	E	-Mail Address		
Employment Status (Employe	d/Self-Employed/Retired/Studen	t/Unemployed/Oth	er)	
Name of Employer				
Employer Address	(	City	State	Zip Code
☐ <b>Joint Investor</b> (or Minor	on an UGMA/UTMA)			
First Name	Middle Name	Last Name		
Social Security Number	Date of Birth	U.S	6. Citizen?	Country of Legal Residence
Home Address (No PO Box)	(	City	State	Zip Code
Home Phone	E	E-Mail Address		
Employment Status (Employee	d/Self-Employed/Retired/Studen	t/Unemployed/Oth	er)	
Name of Employer				
Employer Address		City	State	Zip Code
☐ Institutional Investor				
Legal Name of Institution			Tax Ide	entification Number

First Name	Middle Name	Last Name		
Social Security Number		Date of Birth		
Are you a U.S. Citizen?	Country of Legal Resi	dency		
Home Address (No PO Box)		City	State	Zip Code
Home Phone		E-Mail Address		
Employment Status (Employed	/Self-Employed/Retired/S	tudent/Unemployed/Other)	)	
Name of Employer				
Employer Address		City	State	Zip Code
First Name	Middle Name	Last Name		
Social Security Number		Date of Birth		
Are you a U.S. Citizen?	Country of Legal Resi	dency		
Home Address (No PO Box)		City	State	Zip Code
Home Phone		E-Mail Address		
Employment Status (Employed	/Self-Employed/Retired/S	tudent/Unemployed/Other)	)	
Name of Employer				

Advisor Name	Advisor's Firm		
Advisor's E-mail Address		Advisor's Phone	e Number
Advisor Address	City	State	Zip Code
	****		
Bank Information	for Direct Deposit of Interest an	d Principal Payments	
	e address that you have provi	ded to us.	
Bank Name	e address that you have provi	ded to us.	
Il be made to you via check mailed to the Bank Name Account Type Routing Number	e address that you have provi	ded to us.	