Enterprise Community Impact Note Investment Application

I would like to invest:	Write in term and rate from the	Please select how you
	current Rate	would like your accrued
\$	Sheet available at	interest to be distributed:
	www.lmpactNote.com.	☐ Distribute annually*
in an Enterprise Community Impact Note. ☐ I have received the prospectus that details the terms, risks and other important information regarding the	Rate:	☐ Reinvest annually ☐ Donate to Enterprise Community Partners, Inc.
Enterprise Community Impact Note.		*Please select how you would like your accrued
	Term:	interest paid to you annually?
		☐ Wire ☐ ACH transaction
Interest Area(s):	1	
Please designate your area(s) of interest (check as many a	as applicable):	
Geographic Area	Initiative	
 □ Northern California □ Southeast □ Mid-Atlantic □ Midwest □ Pacific Northwest □ New York □ Colorado 	□ Equitable Path Forward (Nation□ Partnership to End Homelessr	· ·
Partnership to End Homelessness		
☐ By selecting the <i>Partnership to End Homelessness</i> Initiname, investment amount and email address with the	· · · · · · · · · · · · · · · · ·	-
Targeting: Optional for investors who are interested in supporting sp advance with an Enterprise Community Loan Fund Represed guaranteed to be used in a requested area and may be unto explanation of this option.	ntative at 1-877-389-9239. A targeted in	vestment in the Note is not
☐ I have confirmed with an ECLF representative and I wo	ould like my investment to be targeted as	s follows:

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.

Join	t Signature	Date	
Indiv	vidual, Trustee, or Officer Signature	Date	
Sign	Here:		
		my behalf and I d	arty representative to receive information and materials related o NOT want to receive a copy of these materials. I understand ontacting ECLF.
Auth		investment advis	n: or, wealth manager, broker-dealer, attorney, or accountant whose we and transmit information to and from ECLF on my behalf.
	☐ Hardcopy to		
		vidual(s) designa	investment-related documents (i.e. 1099s, investment ted in this Investment Application in the manner below:
	By checking this box, I am opting-in to ECLF at any time.	's use of electror	nic signatures and I am permitted to revoke this consent
			very of all notices and documentation related to my investment(s) rm, and I am permitted to revoke this consent at any time.
and delivexports on prove ECLI constitute To reference to the Entertain	acknowledge that all notices and document vered electronically to the e-mail address(es ress consent to electronic delivery of such me unless I indicate otherwise on this form. It widing written notice to ECLF. ELCF may also will need my express consent to do so, which sent to electronic delivery and electronic sign use of electronic signatures at any time and equest paper documents or opt-out of electronic delivery.	ation related to r) provided on this aterials, and I ack acknowledge th use electronic sig ch may be done be atures, I may cho am also entitled onic delivery or t il at ImpactNotes	the terms of the prospectus. By checking the box below, I agree my investment(s) in the Impact Note, including tax forms, will be sinvestment application. Checking the box below represents my knowledge that hard copies of such materials will not be delivered at I may revoke my consent to electronic delivery at any time, by natures and obtain them from me as part of my investment, but by checking the box below. I understand that after I provide cose to opt-out of receipt of electronic delivery of documents and to receive documents on paper, upon my request, free of charge, he use of electronic signatures, I understand I should contact menterprisecommunity.org. I affirm that the information I have the information provided.

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

☐ Individual Investor (or 0	Custodian of an UGMA/UTMA)			
First Name	Middle Name	Last Name		
Social Security Number	Date of Birth	U.S. C	itizen?	Country of Legal Residency
Home Address (No PO Box)	Ci	ty	State	Zip Code
Home Phone	E-	Mail Address		
Employment Status (Employed	/Self-Employed/Retired/Student	/Unemployed/Other)		
Name of Employer				
Employer Address	Ci	ity	State	Zip Code
☐ Joint Investor (or Minor o	on an UGMA/UTMA)			
First Name	Middle Name	Last Name		
Social Security Number	Date of Birth	U.S. C	itizen?	Country of Legal Residency
Home Address (No PO Box)	Ci	ity	State	Zip Code
Home Phone	E-	-Mail Address		
Employment Status (Employed	/Self-Employed/Retired/Student	/Unemployed/Other)		
Name of Employer				
Employer Address	(City	State	Zip Code
☐ Institutional Investor				
Legal Name of Institution			Tax Ide	entification Number
Address (No PO Box)	(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	l/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
				p
Home Phone		E-Mail Address		
Home Phone Employment Status (Employed	//Self-Employed/Retired/S)	
Home Phone Employment Status (Employed Name of Employer	/Self-Employed/Retired/S)	

☐ Advisor for Investor			
Advisor Name	Advisor's Firm		
Advisor's E-mail Address		Advisor's Phon	e Number
Advisor Address	City	State	Zip Code

Bank Informatio	on for Direct Deposit of Interest an	d Principal Payments	
ccount information below. If you do not will be made to you via check mailed to the made to you via check mailed to the made to the made to you will be made to you via check mailed to the made to you will be made to you	The state of the s		mterest payments
Account Type			
Routing Number			
Accounting Number			