Enterprise Community Impact Note Investment Application

I have received the Enterprise Community Impact Note Prospectus that details the terms, risks and other important information regarding the Impact Note and would like to invest the following amount:

$_____

Minimum $1,000

Select and write in term and rate from the current Rate Sheet available at www.ImpactNote.com

❑ **Rate:** _____
❑ **Term:** _____

Or elect to invest at 0% for a corresponding term on our Rate Sheet.

❑ Invest at 0%, indicate term: ___

For Notes with an initial principal amount of $5,000 or more, please select how you would like your accrued interest to be distributed:

❑ Distribute annually*
❑ Reinvest annually
❑ Donate to Enterprise Community Partners, Inc.

***Please select how you would like your accrued interest paid to you annually?**

❑ Wire
❑ ACH transaction

Interest Area(s): Please designate geographies of interest

❑ Northern California
❑ Southern California
❑ Chicago
❑ Detroit
❑ Gulf Coast
❑ Mid-Atlantic
❑ New York
❑ Ohio
❑ Pacific Northwest
❑ Rocky Mountain
❑ Rural Communities
❑ Southeast

Initiatives

❑ **Partnership to End Homelessness (Washington, DC)**: By selecting the Partnership to End Homelessness Initiative and checking this box, you agree that we may share your name, investment amount and email address with the Greater Washington Community Foundation.

INDIVIDUAL OR INSTITUTION

First name, middle initial and last name; or institution name

Social Security or Taxpayer ID

Date of Birth

Mailing Address

City

State

Zip

Primary Phone

Email

JOINT INVESTOR OR INSTITUTIONAL OFFICER

First name, middle initial and last name; or institution name

Social Security Number for Joint Investor or Institutional Officer

Date of Birth Joint Investor or Institutional Officer

Mailing Address

City

State

Zip

Primary Phone

Email

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FINANCIAL ADVISOR INFORMATION OR OTHER THIRD-PARTY REPRESENTATIVE(S) (OPTIONAL)

First name, middle initial and last name | Firm Name | CRD#

Firm Mailing Address | City | State | Zip

Primary Phone | Email

Authorization to Share Information with Third-Parties:

- ❑ By checking this box, I am authorizing my investment advisor, wealth manager, broker-dealer, attorney, or accountant, whose contact information is above, to receive and transmit information to and from ECLF on my behalf.
- ❑ By checking this box, I am indicating that I want the above third-party representative to receive information and materials related to my investment(s) in the Impact Note on my behalf and I do NOT want to receive a copy of these materials. I understand that I can opt-in at any time to receive such materials by contacting ECLF.
- ❑ By checking this box, I am requesting a duplicate copy of all investment-related documents (i.e. 1099s, investment confirmations) be sent to the above individual(s) via electronic delivery.

DISCLAIMERS: Please read the following disclaimers and the Impact Note prospectus prior to investing.

THESE SECURITIES ARE EXEMPT FROM FEDERAL REGISTRATION AND HAVE NOT BEEN APPROVED OR DISAPPROVED BY THE U.S. 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 SUBJECT TO CERTAIN RISKS AS DISCLOSED IN THE PROSPECTUS, WHICH SHOULD BE READ BEFORE INVESTING.

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.

STATE SPECIFIC DISCLOSURES:

For Pennsylvania investors only, please note your right of refusal within two days of investing as described in the prospectus on page iv.

For Vermont investors only, please note that your Note will automatically reinvest at maturity only if you affirmatively opt in below.

SIGNATURE AND ACKNOWLEDGEMENT

By signing and submitting this form, I hereby agree to be bound by the terms of the prospectus and consent to the sharing of my personal information and information about my investment(s) with ECLF's affiliates, which are part of the Enterprise family of companies described in the prospectus, as part of ECLF's everyday business purposes. By checking the boxes below, I agree and acknowledge my communication preferences and the manner in which I would like to receive all notices and documentation related to my investment(s) in the Impact Note, including tax forms. If I request to receive notices and documentation via electronic delivery, I acknowledge that I may revoke my consent to electronic delivery at any time, by providing written notice to ECLF 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 or the use of electronic signatures, I should contact ECLF by telephone at 877-389-9239 or email at ImpactNote@enterprisecommunity.org. I affirm that the information I have provided is accurate and I agree to notify ECLF of any changes in the information provided.

- ❑ By checking this box, I am opting-in to ECLF's electronic delivery of all notices and documentation related to my investment(s) in the Impact Note to the email address provided on this form, and I am permitted to revoke this consent at any time.
- ❑ By checking this box, I am opting-in to ECLF's use of electronic signatures and I am permitted to revoke this consent at any time.
- ❑ For investors located in Pennsylvania only, I further acknowledge the specific state disclosures/requirements above.
- ❑ For investors located in Vermont only, I would like to automatically reinvest the principal balance of my Note and any accrued interest at maturity into a new Note carrying the same initial term as my maturing Note and at the then prevailing interest rate.

SIGN HERE:

Individual, Trustee or Officer Signature | Date

Joint Signature | Date

Bank Information for Direct Deposit of Interest and Principal Payments

If you would like us to deposit interest and principal payments directly in your bank account, please provide your account information below. If you do not choose to provide this information, your principal and interest payments will be made to you via check mailed to the address that you have provided to us.

Bank Name

Account Type

Routing Number

Account Number

Additional Payment Instructions (as applicable)