

**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: \_\_\_\_\_

Larry Geraldson, Director  
 Baptist Missionary Association of MS  
 Missions & RLF Department