

INVESTMENT CERTIFICATE APPLICATION

I am hereby applying to purchase a UNITED FINANCE CO. (the "Company") Investment Certificate in the amount of \$ \_\_\_\_\_. I acknowledge that I have received and reviewed a copy of the Company's current prospectus relating to my purchase of this Investment Certificate. Also, my signature at the very bottom of this form indicates, under penalties of perjury, that I am a bona-fide resident of the state of Oregon, residing at the address shown hereon, and that I am purchasing this Investment Certificate for my own account and not with a view toward their distribution.

- A. Type of Investment Certificate:
[ ] 5 Year Subordinated Capital
[ ] 7 Year Subordinated Capital
[ ] Variable Rate
[ ] Fixed Rate
[ ] Employee

- B. Interest elected to be paid:
[ ] At Maturity or
[ ] Check [ ] Transfer
[ ] Monthly
[ ] Quarterly
[ ] Semi-Annually on March 31 & September 30

C. Print name(s) exactly how the certificate is to be made out (the word "and" between two names will indicate joint ownership; as such, both signatures will be required to redeem this Investment Certificate).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Address: \_\_\_\_\_

E. ODL# \_\_\_\_\_

F. Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

G. Email Address: \_\_\_\_\_

I consent to receipt of notice of any change in the interest rate electronically via the email provided above.

SUBSTITUTE W-9 PAYERS REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Name and Address as Shown Above

PART I Taxpayer Identification Number

Enter the taxpayer identification number in the appropriate box. For most individual taxpayers, this is the social security number. Note: If the account is in more than one name, see the accompanying information for guidelines on which number to give the payer.

Social Security Number or Employer Identification Number: \_\_\_\_\_

PART II Backup Withholding

[ ] Check the box if you are NOT subject to backup withholding under the provisions of section 3406 (a)(1)(c) of the Internal Revenue Code.

\*\*Certification: Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_