

I would like to invest:

\$ _____

in an Enterprise Community Impact Note.

I have received the prospectus that details the terms, risks and other important information regarding the Enterprise Community Impact Note.

Please 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: _____

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 your area(s) of interest

Geographic Area

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

Initiative

- Equitable Path Forward (National)
- Partnership to End Homelessness (Washington, DC)
- Climate Justice

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.

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 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 residents only, please note your right of refusal within two days of investing as described in the prospectus on page v.

By signing and submitting this form, I hereby agree to be bound by the terms of the prospectus. By checking the box below, I agree 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. Checking the box below represents my express consent to electronic delivery of such materials, and I acknowledge that hard copies of such materials will not be delivered to me unless I indicate otherwise on this form. I acknowledge that I may revoke my consent to electronic delivery at any time, by providing written notice to ECLF. ECLF may also use electronic signatures and obtain them from me as part of my investment, but ECLF will need my express consent to do so, which may be done by checking the box below. I understand that after I provide consent to electronic delivery and electronic signatures, I may choose to opt-out of receipt of electronic delivery of documents and the use of electronic signatures 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 or the use of electronic signatures, I understand I should contact Enterprise 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.

By checking this box, I am requesting a duplicate copy of all investment-related documents (i.e. 1099s, investment confirmations) be sent to the following individual(s) designated in this Investment Application in the manner below:

Electronic delivery to _____

Hardcopy to _____

For residents of Pennsylvania, I further acknowledge my state's specific disclosures/requirements above

Authorization to Share Information with Third-Party Advisory Firm:

By checking this box, I am authorizing my investment advisor, wealth manager, broker-dealer, attorney, or accountant whose contact information is attached to this Application, to receive and transmit information to and from ECLF on my behalf.

By checking this box, I am indicating that I want my third-party representative to receive information and materials related to my investment 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.

Sign Here:

 Individual, Trustee, or Officer Signature

 Date

 Joint Signature

 Date

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

Individual Investor (or Custodian of an UGMA / UTMA)			
First Name	Middle Name	Last Name	
Social Security Number	Date of Birth	Country of Legal Residency	
Home address (No PO Box)	City	State	Zip Code
Primary Phone	E-mail Address		
Joint Investor (or Minor on an UGMA / UTMA)			
First Name	Middle Name	Last Name	
Social Security Number	Date of Birth	Country of Legal Residency	
Home address (No PO Box)	City	State	Zip Code
Primary Phone	E-mail Address		
Institutional Investor			
Legal Name of Institution	Tax Identification Number		
Address (No PO Box)	City	State	Zip Code
Institutional Investor Authorized Representative I			
First Name	Middle Name	Last Name	
Social Security Number	Date of Birth	Country of Legal Residency	
Name of Employer			
Employer address	City	State	Zip Code
Primary Phone	E-mail Address		
Institutional Investor Authorized Representative II (Optional)			
First Name	Middle Name	Last Name	
Social Security Number	Date of Birth	Country of Legal Residency	
Name of Employer			
Employer address	City	State	Zip Code
Primary Phone	E-mail Address		
Advisor for Investor			
First Name	Last Name	Advisor Firm	
Address	City	State	Zip Code
Primary Phone	E-mail Address		

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

Accounting Number