

uThrive  
**DEPOSIT FORM**

Please make check payable to uThrive LLC in the amount of \$20,000 increments.

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Email:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Email:

OTHER REAL ESTATE INVESTMENTS

Name

Type

Address

City and State

I authorize uThrive, LLC. to invest in multi-unit apartments with enclosed funds.

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date

Mail to: uThrive 415 2<sup>nd</sup> Street, Indian Rocks Beach, FL 33785

This prospectus will be governed and construed in accordance with the laws of the state of Florida, as applied to agreements entered into and to be performed entirely within Florida. Any litigation or other disputes resolution between parties relating to this agreement shall take place in Pinellas County, Florida. The parties consent to personal jurisdiction of the courts of Pinellas County, Florida. uThrive Asset Development reserves the right of refusal to any investor who wants to invest. All information in the prospectus is accurate, to the best of our knowledge and research, your due diligence is encouraged. By signing and depositing funds you acknowledge that you will be a non-liable part owner of the property acquired.