

INSTRUCTIONS:

1. Use this form to complete the beneficiary information on your Domini IRA Account.
2. If you need assistance completing this form or to request additional forms, **contact us at 1-800-582-6757.**
3. Mail the completed application to **Domini Funds, P.O. Box 9785, Providence, RI 02940-9785.**
4. For overnight delivery, mail to Domini Funds, 101 Sabin Street, Pawtucket, RI 02860-1427.
5. Please **print in capital letters.**

1. PERSONAL INFORMATION

Information in this section is required in accordance with industry regulations. Must have a valid United States address.

Name (First, Middle, Last)

Mr. Mrs. Ms.

Social Security Number

2. NAME YOUR BENEFICIARY(IES)

DESIGNATION OF BENEFICIARY (Revocable):

I hereby designate the following to be my primary beneficiary(ies) to receive my interest in the Custodial Account in case of my death. (You may name one or more persons as your primary beneficiary(ies).) Unless otherwise designated, beneficiaries will share equally. If some but less than all primary beneficiaries (or, if applicable, contingent beneficiaries) predecease the Depositor, the share of the predeceased beneficiary(ies) will be paid to the surviving beneficiaries in proportion to the shares that they would otherwise receive.

NOTE: In the absence of a proper designation of beneficiary, or if none of your designated beneficiaries survives you, the amounts in your Custodial Account at the time of your death will be paid to your estate.

A. Primary Beneficiaries

Name (First, Middle, Last)

Beneficiary is: Spouse Other Trust

Social Security Number

Date of Birth/Date of Trust

Share

Name (First, Middle, Last)

Beneficiary is: Spouse Other Trust

Social Security Number

Date of Birth/Date of Trust

Share

B. Contingent Beneficiaries

If none of the above primary beneficiaries is living on the date of my death, I hereby designate the following to be my contingent beneficiary(ies) to receive my interest in the Account in the case of my death. (You may name one or more persons as your contingent beneficiary(ies).)

Name (First, Middle, Last)

Beneficiary is: Spouse Other Trust

Social Security Number

Date of Birth/Date of Trust

Share

Name (First, Middle, Last)

Beneficiary is: Spouse Other Trust

Social Security Number

Date of Birth/Date of Trust

Share

3. YOUR SIGNATURE

Account Owner's Signature

Date of Birth/Date of Trust