

**COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) WITHDRAWAL AUTHORIZATION & INSTRUCTIONS FOR DISTRIBUTION
DOMINI SOCIAL INVESTMENTS**

P.O. Box 9785

Providence, RI 02940-9785

If you have any questions, please call our Shareholder Information line at 1-800-582-6757, M – F, 9 am to 5 pm Eastern Time.

Please consult a tax advisor for tax advice.

RESPONSIBLE INDIVIDUAL (The parent or guardian of the Designated Beneficiary)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

DESIGNATED BENEFICIARY (Must be under age 18, unless a special needs Designated Beneficiary)

Name: _____

Social Security Number: _____ Date of Birth: _____

DISTRIBUTION METHOD

Distribute from Fund(s): _____ Account Number: _____

Total Liquidation Partial Distribution - Amount: _____ Dollars / Shares (Circle One)

Mail to the address of record

Send proceeds to my pre-established bank instructions by means of electronic transmission

*Mail to the following address: (requires Medallion Guarantee) _____

DISTRIBUTION REASON

Distributions for Qualified Education Expenses:

Distributions from this account are being used for qualified education expenses of the Designated Beneficiary.

Distributions Not Used for Education Expenses:

This distribution is not being used for qualified education expenses and none of the other reasons below apply.

Permanent disability of the Designated Beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code)

Death (you are the beneficiary or representative of the Designated Beneficiary's estate and can furnish a certified copy of the death certificate)

Removal of excess contribution plus earnings before deadline. In which tax year was the contribution made? _____

Is the contribution plus earnings being removed in the same year? Yes No

Transfer, including transfer incident to divorce or legal separation. Payable to: _____

This Coverdell ESA is being rolled over or transferred to another Coverdell ESA for the following family member: _____

Age 30 attained by Designated Beneficiary

SIGNATURE

I certify that I am authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, Domini Social Investments, or any agent or affiliate of either of them, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from the account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Domini Social Investments, or their agents or affiliates shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

Signature of Responsible Individual*: _____ **Date:** _____

*Or Designated Beneficiary (if legal adult)

*Medallion Signature Guarantee - Medallion Stamp *(The medallion signature guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations which participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a Signature Guarantee. The medallion signature guarantee stamp must include the words "SIGNATURE GUARANTEED, MEDALLION GUARANTEED" and otherwise comply with the medallion program requirements. Please check the fund prospectus or with the fund as to whether a signature guarantee is required.)