

INSTRUCTIONS:

1. If you need assistance completing this form or to request additional forms, **contact us at 1-800-582-6757.**
2. Please mail the completed application to **Domini Funds, P.O. Box 9785, Providence, RI 02940-9785.**
3. For overnight delivery, mail to Domini Funds, 101 Sabin Street, Pawtucket, RI 02860-1427.
4. Please **print in capital letters.**
5. A confirmation of this change of address will be sent to you.

1. PERSONAL INFORMATION

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

Individual

Name (First, Middle, Last)

Joint

Name (First, Middle, Last)

2. DOMINI ACCOUNT INFORMATION

Account Number

Account Name

Account Number

Account Name

3. ADDRESS INFORMATION

A. Old Address

Permanent Address (PO Boxes are **NOT** Acceptable)

City

State

Zip

Mailing Address (If Different From Permanent Address)

City

State

Zip

Daytime Telephone Number

Evening Telephone Number

Email Address

A. New Address

Permanent Address (PO Boxes are **NOT** Acceptable)

City

State

Zip

Mailing Address (If Different From Permanent Address)

City

State

Zip

Daytime Telephone Number

Evening Telephone Number

Email Address

4. SIGNATURE

Account Owner's Signature

Date of Birth/Date of Trust