

**INSTRUCTIONS:**

1. Use this form to change the existing beneficiary(ies) on your Domini retirement plan.
2. Complete a separate form for each type of retirement plan.
3. If you need assistance completing this form or to request additional forms, **contact us at 1-800-582-6757.**
4. Mail the completed application to **Domini Funds, P.O. Box 9785, Providence, RI 02940-9785.**
5. For overnight delivery, mail to Domini Funds, 101 Sabin Street, Pawtucket, RI 02860-1427.
6. Please **print in capital letters.**
7. A confirmation of this change in beneficiary(ies) will be sent to you.

**1. PERSONAL INFORMATION**

Information in this section is **required** in accordance with industry regulations.

Name (First, Middle, Last)

           

Mr. Mrs. Ms.

**2. TYPE OF RETIREMENT PLAN**

Please select account type.

- |  |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> SEP-IRA    | <input type="checkbox"/> Rollover IRA |
| <input type="checkbox"/> Roth IRA        | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> 403(b)       |

**3. 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

   .    %

Share

  -   -    

Date of Birth/Date of Trust

Name (First, Middle, Last)

Beneficiary is:  Spouse  Other  Trust

   -   -    

Social Security Number

   .    %

Share

  -   -    

Date of Birth/Date of Trust

**B. Contingent Beneficiaries**

Name (First, Middle, Last)

Beneficiary is:  Spouse  Other  Trust

   -   -    

Social Security Number

   .    %

Share

  -   -    

Date of Birth/Date of Trust

Name (First, Middle, Last)

Beneficiary is:  Spouse  Other  Trust

   -   -    

Social Security Number

   .    %

Share

  -   -    

Date of Birth/Date of Trust

**3. YOUR SIGNATURE**

Account Owner's Signature

   -    -    

Date of Birth/Date of Trust

IRA Beneficiary Form Attachment

Community or marital property state laws may require spousal consent for a designation of a beneficiary that is not the spouse. The laws of the state in which: the IRA owner or spouse resides, the financial organization is domiciled, the account is located, or this transaction is effected, should be viewed to determine if such a requirement exists. The account holder, and a spouse signing this section, should consult with a tax and/or legal advisor. In addition, if required in your state, the consent must be signed in the presence of a Notary Public.

\_\_\_\_\_ I am married. I understand that if I designate a primary beneficiary other  
*IRA owner initials* than my spouse, my spouse must consent by signing below.

\_\_\_\_\_ I am not married. I understand that if I marry in the future, I must  
*IRA owner initials* complete a new Beneficiary form, which includes the spousal consent documentation.

*For spouse of account owner:* I am the spouse of the IRA owner. Due to the significant consequences associated with giving up my interest in this IRA, I understand that I should consult with a tax and legal advisor. I acknowledge that no tax or legal advice was given to me by the IRA Custodian, Domini Social Investments, their agents or affiliates. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and any financial obligations as necessary. If I have an interest in this IRA's assets, I hereby give to the IRA owner all interest I have in this IRA, I consent to the beneficiary designation set forth above, and I assume full responsibility for any adverse consequences that may result.

\_\_\_\_\_  
Signature of spouse

Print name:

Date:

\_\_\_\_\_  
Notary public (if required)