

**DOMINI SOCIAL INVESTMENTS INDIVIDUAL RETIREMENT ACCOUNT (IRA)  
RECHARACTERIZATION FORM (INTERNAL)**

This form is for recharacterizing a conversion contribution from a Roth IRA back to a Traditional IRA, or recharacterizing an IRA contribution into a different type of IRA as set forth below. Please consult a tax advisor for tax advice.

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Daytime Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**RECHARACTERIZATION INSTRUCTIONS**

If you do not have an existing Roth IRA or Traditional IRA, you must complete a Traditional and Roth IRA Application and Adoption Agreement (“the Application”). Earnings associated with the recharacterization are calculated according to Internal Revenue Service (IRS) regulations. All transactions are reportable to the IRS on IRS form 1099-R (distribution) and 5498 (contribution).

**TRANSACTION TYPE**

Select one of the following:

Recharacterize my **conversion contribution** (plus allocable earnings) from my **Roth IRA back to a Traditional IRA**.

Date of Conversion: \_\_\_\_\_ Amount to Recharacterize: \$ \_\_\_\_\_

From: Roth IRA Account Number: \_\_\_\_\_

To: Traditional IRA Account Number: \_\_\_\_\_ or  Application attached

Recharacterize my **annual contribution** (plus allocable earnings) from my **Traditional IRA to a Roth IRA**.

Date of Contribution: \_\_\_\_\_ Amount to Recharacterize: \$ \_\_\_\_\_

From: Traditional IRA Account Number: \_\_\_\_\_

To: Roth IRA Account Number: \_\_\_\_\_ or  Application attached

Recharacterize my **annual contribution** (plus allocable earnings) from my **Roth IRA to a Traditional IRA**.

Date of Contribution: \_\_\_\_\_ Amount to Recharacterize: \$ \_\_\_\_\_

From: Roth IRA Account Number: \_\_\_\_\_

To: Traditional IRA Account Number: \_\_\_\_\_ or  Application attached

# RECHARACTERIZATION FORM (INTERNAL)

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## DISTRIBUTION INSTRUCTIONS FOR RECHARACTERIZED AMOUNTS

From Domini Social Equity Fund: \_\_\_\_\_ %

From Domini International Social Equity Fund: \_\_\_\_\_ %

From Domini Social Bond Fund \_\_\_\_\_ %

From Domini Deposit Account at PNC Bank \_\_\_\_\_ %

Election must equal 100%

## INVESTMENT INSTRUCTIONS FOR RECHARACTERIZED PROCEEDS

\$1,500 minimum for each

To Domini Social Equity Fund (473) Investor Share Class: \_\_\_\_\_ %

To Domini International Social Equity Fund (430) Investor Share Class: \_\_\_\_\_ %

To Domini Social Bond Fund (501) Investor Share Class: \_\_\_\_\_ %

To Domini Deposit Account at PNC Bank (675)\*: \_\_\_\_\_ %

Election must equal 100%

\*Domini generally will assess a \$3.00 monthly service charge for Domini Deposit Account at PNC Bank account positions, subject to modification or waiver at Domini's discretion. This charge will be automatically withdrawn from your account on or about the 15th of each month (or the next applicable business day).

## CERTIFICATION AND SIGNATURE

I authorize Domini and the IRA custodian to process this recharacterization request. I certify that I am the Participant authorized to make this election and that all information provided on this form is true and accurate. I further certify that no tax or legal advice has been given to me by the IRA 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 IRA custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The IRA custodian, Domini Social Investments, and the agents and affiliates of either of them 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 and agree that the IRA custodian, Domini Social Investments, their agents and 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.

**I have read and understand and agree to be legally bound by the terms of this form.**

Participant's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

### Mail to the following:

#### First Class Mail:

Domini Funds  
P.O. Box 9785  
Providence, RI 02940

#### Overnight Mail:

Domini Funds  
4400 Computer Drive  
Westborough, MA 01581  
1-800-582-6757

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.