

**AFFIDAVIT OF DOMICILE  
DOMINI IMPACT INVESTMENTS**



State of: \_\_\_\_\_ County of: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_, being duly sworn deposes and says that he/she resides at  
\_\_\_\_\_, state of \_\_\_\_\_  
and is executor/administrator of the estate of \_\_\_\_\_, deceased, who died on the \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_\_; at the time of his/her death the domicile (legal residence) of said  
decedent was \_\_\_\_\_, County of \_\_\_\_\_, State of  
\_\_\_\_\_ for \_\_\_\_\_ years prior to death, and was not a resident of any other State (other than that of his/her domicile)  
within the United States of America, at the time of death.

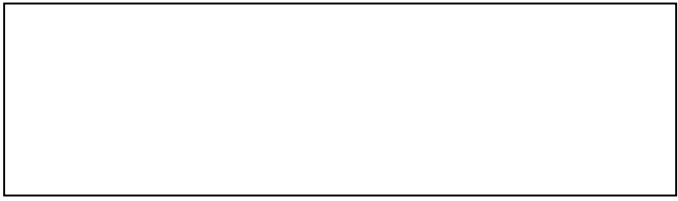
This affidavit is made for the purpose of securing the transfer or delivery of securities registered in the name of or owned by said decedent at the time of his/her death.

\_\_\_\_\_  
**(EXECUTOR/ADMINISTRATOR/SURVIVOR/HEIR)**

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
**(NOTARY PUBLIC)**

My commission expires: \_\_\_\_\_



<b>First Class Mail:</b> Domini Funds P.O. Box 9785 Providence, RI 02940-9785	<b>Overnight Mail:</b> Domini Funds 4400 Computer Drive Westborough, MA 01581 1-800-582-6757
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