

AFFIDAVIT OF DOMICILE
DOMINI IMPACT INVESTMENTS
P.O. Box 46707, Cincinnati, OH 45246-0707
1-800-582-6757, M - F, 9am to 6pm



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.

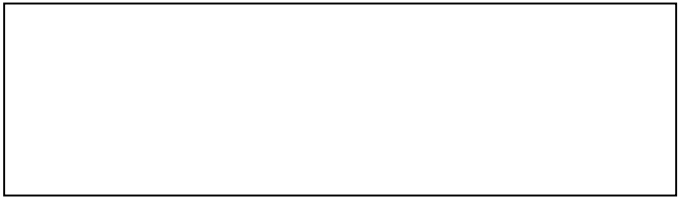
This affidavit is made for the purpose of securing the transfer or delivery of securities registered in the name of or owned by said decedent at the time of his/her death.

(EXECUTOR/ADMINISTRATOR/SURVIVOR/HEIR)

Subscribed and sworn to before me this _____ day of _____ 20_____

(NOTARY PUBLIC)

My commission expires: _____



First Class Mail: Domini Funds P.O. Box 46707 Cincinnati, OH 45246-0707	Overnight Mail: Domini Funds 225 Pictoria Drive, Suite 450 Cincinnati, OH 45246 1-800-582-6757
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