COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) WITHDRAWAL AUTHORIZATION & INSTRUCTIONS FOR DISTRIBUTION DOMINI IMPACT INVESTMENTS P.O. Box 9785, Providence, RI 02940-9785

If you have any questions, please refer to IRS Publication 970; the Domini ESA Disclosure Statement and Custodial Account Agreement; or call our Shareholder Information line at 1-800-582-6757, M – F, 9 am to 5 pm Eastern Time. Please consult a tax advisor for tax advice.

RESPONSIBLE INDIVIDUAL (This is the parent or guardian of the Designated Beneficiary. If the Designated Beneficiary has become a legal adult under state

| law, that beneficiary then becomes the Responsible Individual on the ac | ccount.) | |
|---|---|--|
| Name: | _ | |
| Address: | | |
| City: | State: | Zip: |
| Social Security Number: | Date of Birth: | |
| DESIGNATED BENEFICIARY | | |
| Name: | | |
| Social Security Number: | Date of Birth: | |
| <u>DISTRIBUTION METHOD</u> | | |
| Distribute from Fund(s): | Account Number | : |
| ☐ Total Liquidation ☐ Partial Distribution - Amount: ☐ Mail to the address of record ☐ Send proceeds to my pre-established bank instructions by means of ☐ Mail to the following address: (requires Medallion Signature Guaran | electronic transmission | Dollars / Shares (Circle One) |
| | tee / | |
| DISTRIBUTION REASON | | |
| Distributions for Qualified Education Expenses: | ad and a constant of the Dec | de considera de Caracia |
| Distributions from this account are being used for qualified e | education expenses of the Des | ыдпатей венетісіагу. |
| Distributions Not Used for Education Expenses: | nonces and none of the other | recease heleur apply |
| This distribution is not being used for qualified education expenses and none of the other reasons below apply. | | |
| Permanent disability of the Designated Beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code) | | |
| Death (you are the beneficiary or representative of the Designated Beneficiary's estate and can furnish a certified copy of the death certificate) | | |
| Removal of excess contribution plus earnings before deadline. In which tax year was the contribution made? | | |
| Is the contribution plus earnings being removed in the same year? Yes No | | |
| Transfer, including transfer incident to divorce or legal separation. Payable to: | | |
| This Coverdell ESA is being rolled over or transferred to another Coverdell ESA for the following family member: | | |
| Age 30 attained by Designated Beneficiary | | |
| SIGNATURE I certify that I am authorized to make these elections and that all inform to me by the Custodian, Domini Impact Investments, or any agent or a my own. The Custodian is hereby authorized and directed to distribute certification and authorization without further investigation or inquiry election(s) and agree that the Custodian, Domini Impact Investments, harmless, for any tax, legal or other consequences of the election(s) ma | affiliate of either of them, and funds from the account in the r. I expressly assume respon or their agents or affiliates sl | d that all decisions regarding the elections made on this form are e manner requested. The Custodian may conclusively rely on this asibility for any adverse consequences which may arise from the |
| Signature of Responsible Individual†: | | Date: |
| †If the Designated Beneficiary has become a legal adult under state law must be accompanied by a Medallion Signature Guarantee*. If the Designature sign and no Medallion Signature Guarantee is required. | · · | |
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Medallion Signature Guarantee Stamp