

COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) ROLLOVER CERTIFICATION FORM

DOMINI FUNDS

PO Box 9785

Providence, RI 02940-9785 1-

800-582-6757

Use this form to certify a rollover distribution from a current Coverdell ESA to a Domini Funds Coverdell ESA. You must complete the rollover within 60 calendar days of your receipt of that distribution. 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. Please consult a tax advisor for tax advice.

RESPONSIBLE INDIVIDUAL (The parent or guardian of the Designated Beneficiary)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address (If different from street address): _____

City: _____ State: _____ Zip: _____

DESIGNATED BENEFICIARY (Must be under age 18, unless a special needs Designated Beneficiary)

Name: _____

Social Security Number: _____ Date of Birth: _____

ROLLOVER CONTRIBUTION TO

Fund Name: _____ Account Number: _____

or attached is a new Coverdell ESA account application.

Amount of Rollover \$ _____

I, as the Responsible Individual for the above account, certify the following statements are true and correct:

This rollover contribution is from another Coverdell Education Savings Account, and not from a Traditional, SEP, SIMPLE or Roth IRA or from a qualified plan, qualified annuity, 403(b) plan or 457 plan.

This rollover contribution is being made within 60 days after the distribution from another Coverdell ESA in which the above-named Designated Beneficiary was either the original Designated Beneficiary or is an eligible family member of the original Designated Beneficiary.

During the 12-month period prior to this distribution being rolled over, the Designated Beneficiary has not received a distribution from the same Coverdell ESA which was subsequently rolled over to another Coverdell ESA, and the distribution being rolled over has not been part of a distribution from another Coverdell ESA that was subsequently rolled over.

The property received in the distribution from the distributing Coverdell ESA is the same property being rolled over into this Coverdell ESA.

I agree that I am solely responsible for all tax consequences of this rollover contribution. I also agree that neither the Custodian, Domini Impact Investments, nor any agent or affiliate of either of them has any responsibility for any tax consequences.

I have read, understand, and agree to be legally bound by the terms of the Domini Funds Coverdell ESA Custodial Agreement. I also understand that the Custodian will rely on this form when accepting this rollover contribution. I understand that this rollover is irrevocable and may not be reversed in the future.

Responsible Individual's Signature: _____ **Date:** _____