DOMINI FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) Withdrawal Authorization Form DOMINI IMPACT INVESTMENTS, P.O. Box 9785 Providence, RI 02940-9785 1-800-582-6757

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



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, 9am to 6pm Eastern Time. Please consult a professional advisor for tax, legal and investment advice.

Name:		
Street Address*:		
City:	State:	Zip:
DESIGNATED BENEFICIARY		
Name:		
Social Security Number:	Date of Birth:	
Account Number:		
DISTRIBUTION REASON		
Qualified Distribution <u>Is Being Used</u> for Qualifi	ied Education Expenses:	
☐ The distribution from this Coverdell ESA Accou	nt is being used for qualified (education expenses of the Designated Beneficiary.
Non-Qualified Distribution is Not Being Used for	Education Expenses	
\Box 1. This distribution is not being used for qualific	ed education expenses and n	one of the other reasons listed below apply.
☐ 2. Permanent disability of the Designated Bene	eficiary (within the meaning o	f section 72(m)(7) of the Internal Revenue Code).
☐ 3. Removal of excess contribution plus earning Is the contribution plus earnings being re	_	
☐4. Liquidation of the Coverdell ESA Account bec	cause the Designated Benefici	ary has attained age 30.
☐5. Transfer incident to divorce or legal separation the proceeds are to be distributed.	on - attach a Medallion Signat	ure Guarantee letter of instruction indicating how
☐ 6. The Coverdell ESA Account is being rolled ov a Medallion Signature Guarantee letter of instruct Coverdell ESA Adoption Agreement.		ther eligible Family Member. Attached is either 1) eds are to be delivered, or 2) a new Domini Funds
☐ 7. Death - the Responsible Individual or represedeath certificate and select from the following op		neficiary's estate must furnish a certified copy of the

☐ A. Distribute assets payable to the estate of the E Estate's Tax Identification Number:	Designated Beneficiary foll 	owing the ma	ailing instructions o	n page 2.			
□ B. Distribute assets in cash payable to the named Designated Death Beneficiary following the mailing instructions on page 2. Beneficiary's Name:							
☐ C. The Coverdell ESA Account is being rolled ove Coverdell ESA Recipient's Name:		-	ly Member who is ui 	nder the age of 30.			
☐Attached is a new Domini Funds Coverded ☐Deposit as a rollover into an existing Cov ☐Issue proceeds to a Coverdell ESA in the below.	verdell ESA Account at Dor	nini Funds. Ad	ccount Number:		.•		
DISTRIBUTION METHOD (Complete A, B and C) (I state the value of each fund and the % or \$ amount		than one Dor	mini Fund within thi	s account, please			
A. Choose one : \square Total Liquidation (or)	☐ Partial Distribution - A	mount: \$	(or)	Shares			
B. Distribute from:							
Investment:	Dollar	Amount \$	or	%			
Investment:	Dollar	Amount \$	or	%			
Investment:	Dollar	Amount \$	or	%			
Investment:	Dollar	Amount \$	or	%			
C. Mailing Instructions:	of record – Check will be r	nade payable	to the Designated E	Beneficiary (or to			
☐ Mail to the following address - (Medallion Sign	ature Guarantee required	if address is n	ot already on file.)				
Attention:	tion: For the Benefit of:						
Street:	City:	State:	Zip:				
☐ Transfer funds electronically via ACH*: (voide Name of Institution: For the Benefit of: Address:			ck to*: 				
Routing and Account Number:							

^{*}Medallion Signature Guarantee is required, to be obtained at your local bank or trust company, securities broker/dealer, clearing agency or savings association.

^{*}The receiving bank account must include your, or the Designated Beneficiary's, name in the account registration.

SIGNATURE

I certify that I am authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Domini Funds, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from the account in the manner requested. The Custodian 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(s) and agree that the Custodian, Domini Funds, 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.

Signature of Responsible Individual:		Date:	
Mail to the fellowing			
Mail to the following:	First Class Mail:	Overmight Mail.	
		Overnight Mail:	
	Domini Funds	Domini Funds	
	P.O. Box 9785	4400 Computer Drive	
	Providence, RI 02940-9785	Westborough, MA 01581	
		1-800-762-6814	
program recognized by the Securities Transfer Agents Medallion Signature Progr guarantee.	e Securities Transfer Agents Associ s Medallion Program (known as STA ram (MSP). A notarization from a no	ncy or savings association that participates in a ation. The three recognized medallion program (S. MMP), Stock Exchanges Medallion Program (S. tary public is NOT an acceptable substitute for	ns are the EMP), and the
Medallion Signature Guaran	ntee Stamp		