DOMINI IMPACT INVESTMENTS INDIVIDUAL RETIREMENT ACCOUNT (IRA) BENEFICIARY DESIGNATION CHANGE FORM

Domini®

Complete this form to change your current Primary or Contingent Designated Beneficiary(ies). The share percentage must equal 100% for all Primary Beneficiaries and 100% for all Contingent Beneficiaries. If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary. If you have any questions, please call our Shareholder Information line at 1-800-582-6757, M – F, 9 am to 6 pm Eastern Time. Please consult your tax advisor for tax advice.

PARTICIPANT INFORMATION

Name: Daytime Telephone: ( )

Address:

City: State: Zip Code:

Social Security Number: Date of Birth:

Account Number:

(Type of Account - Check One) ☐ IRA ☐ ROTH IRA ☐ SEP-IRA ☐ SIMPLE IRA

PARTICIPANT'S DESIGNATION

I hereby revoke any previous beneficiary designation.

PER STIRPES BENEFICIARY DESIGNATIONS The Custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of the beneficiaries and the allocations thereto.

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). I understand that, unless I have specified otherwise, if I name multiple Primary Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Primary Beneficiaries. Similarly, unless I have specified otherwise, if no Primary Beneficiary survives me and I have named multiple Contingent Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Contingent Beneficiaries. I understand that I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not designate a beneficiary, or if all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my IRA. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

☐ Primary ☐ Contingent

Name: Social Security Number:

Date of Birth: Relationship: Share Percentage: %

Address: Daytime Telephone: ( )

City: State: Zip Code:

☐ Primary ☐ Contingent

Name: Social Security Number:

Date of Birth: Relationship: Share Percentage: %

Address: Daytime Telephone: ( )

City: State: Zip Code:

☐ Primary ☐ Contingent

Name: Social Security Number:

Date of Birth: Relationship: Share Percentage: %

Address: Daytime Telephone:( )

City: State: Zip Code:

☐ Primary ☐ Contingent

Name: Social Security Number:

Date of Birth: Relationship: Share Percentage: %

Address: Daytime Telephone:( )

City: State: Zip Code:

☐ **Please check here if you have attached a separate sheet with additional beneficiary designations. Include the date and your signature.**

COMMUNITY PROPERTY DISCLAIMER

Disclaimer for Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, any sponsors, issuers, depositories and other persons or entities associated with the investments and the Custodian, and their agents and affiliates, specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

Consent of Owner's Spouse: Spousal consent is required in community property and marital property states where an IRA Participant wishes to name a beneficiary other than, or in addition to, the spouse. Spouses of Participants who reside in community property or marital property states must sign the consent below.

I hereby consent to and join in the designation of beneficiary above. I give to the Participant any interest I have in the funds deposited in this account.

Signature of Participant's Spouse (if applicable) **Date** _____

Participant's Signature **Date** _____

Mail to the following:

Mail to the following:
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