NAME CHANGE NOTIFICATION FORM DOMINI IMPACT INVESTMENTS



| PARTICIPANT INFORMATION | | |
|---|-------------|------------|
| Fund Name: | Account | Number: |
| Social Security Number or Tax Identification Number: | | |
| Registration: | | |
| | | |
| | | |
| | | |
| NAME CHANGE INFORMATION | | |
| My name has changed and needs to be updated on my account. I hereby c | ertify that | |
| | and | |
| (Old Name) | unu | (New Name) |
| are one and the same person. | | |
| | | |
| Signature – <i>New Name</i> | | |
| | | |
| Medallion Signature Guarantee | | |
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Medallion Signature Guarantee Stamp and Signature: An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

First Class Mail: Overnight Mail:
Domini Funds Domini Funds
P.O. Box 46707 225 Pictoria Drive, Suite 450

Cincinnati, OH 45246-0707 Cincinnati, OH 45246 1-800-582-6757

^{*}All account owners must sign this form exactly as the account is registered. A Medallion Signature Guarantee is required.

Form **W-9**

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

| | Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | |
|----------------------------------|--|---|---|
| on page 3. | 2 Business name/disregarded entity name, if different from above | | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes. ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | |
| type. | single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner | rship) ► | Exempt payee code (if any) |
| Print or type. c Instructions | Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its own | Exemption from FATCA reporting code (if any) | |
| P Specific | Other (see instructions) | ici. | (Applies to accounts maintained outside the U.S.) |
| See Sp | 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name a | nd address (optional) |
| 0, | 6 City, state, and ZIP code | | |
| | 7 List account number(s) here (optional) | | |
| Par | Taxpayer Identification Number (TIN) | | |
| backı reside | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av up withholding. For individuals, this is generally your social security number (SSN). However, f ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> ater. | or a | eurity number |