



**DOMINI IMPACT INVESTMENTS
REQUIRED MINIMUM DISTRIBUTION ELECTION FORM**

P.O. BOX 9785
PROVIDENCE, RI 02940

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.
Before making any decision regarding your RMD, we urge you to consult your tax advisor.

If you currently receive Required Minimum Distribution (RMD) payments and you **do not** want us to make any changes to the amount or payment schedule or if you have already satisfied your current year RMD you **DO NOT** need to complete or return this form.

Name: _____ Phone Number: _____
(Please print your full name as it appears on your Account)

Address: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____
MM DD YY

Type of Account:
 Traditional IRA
 SEP-IRA
 SIMPLE IRA

Distribution Election – (RMD amounts are calculated on the entire account balance including all the underlying investments in your IRA)

Account Number _____

Distribute my RMD from: ACROSS ALL FUNDS PROPORTIONATELY (rounding may occur); or
 DISTRIBUTE FROM FUND: _____

Calculation Method

The required minimum distribution (RMD) amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590, Individual Retirement Arrangements which incorporate updated Life Expectancy Tables. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table. Beneficiary's date of birth ____/____/____
MM DD YY

Distribution Type

- Current Year Distribution Only: Calculate and distribute my **current** year required minimum distribution **immediately** upon receipt of this form. I understand that I am responsible for contacting the custodian to request any future year RMD amounts.
- Systematic Distribution: Calculate and distribute the required minimum distribution amount for **this year and all subsequent years**. If you elect this option we will continue to calculate and distribute your RMD amount for subsequent years until such time that you notify us to discontinue the payments.

Begin systematic distributions on: ____/____/____
MM DD YY

Frequency (choose one): Monthly Quarterly Semi-Annually Annually

Note: If a frequency is not selected, your RMD will be distributed annually.

If you are turning 70 ½ and this is your first RMD it may be distributed either in the year you turn 70½ or **by April 1st** of the following year **(this request must be received between January and April 1st of such following year)**. Please **calculate and distribute PRIOR YEAR deferred required minimum distribution amount immediately**. If you elect this option we will calculate and distribute your prior year required distribution amount upon receipt. **We will also calculate and distribute your current year amount and all subsequent years** until such time that you notify us to discontinue the payments.

Distribute my current and future year RMD amount by systematic distributions beginning on: ____/____/____
MM DD YY

Frequency (choose one): Monthly Quarterly Semi-Annually Annually

Note: If a frequency is not selected, your RMD will be distributed annually.

Distribute a **one time fixed amount immediately** upon receipt of this form. \$_____ (The amount must be equal to or greater than the calculated RMD amount). I understand that I am responsible for contacting the Custodian to request any future year RMD amounts.

Payment Method

Based on your selected distribution method, a Medallion Signature Guarantee stamp may be required.

Please refer to your prospectus or call us at the number listed at the top of this form for specific requirements.

Mail check to my address of record currently on file.

Purchase funds into my existing Domini non-retirement mutual fund account:

Account position _____ Account Number _____

Purchase funds into a NEW Domini non-retirement account **(please attach a completed application)**.

Transfer funds electronically via ACH (voided check required) (or) Mail check to:

Name of Financial Institution _____

Address _____

Routing and Account Number _____

Note: If a payment method is not selected, your RMD will be issued as a check payable to you and mailed to your address of record. Your payout method will remain in force until we receive written notice from you requesting a change.

Federal Tax Withholding Election

Distributions from IRAs and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect NOT to have withholding apply to such payments. Generally, such distributions are subject to 10% withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election. Please select one of the following:

Do **NOT** withhold federal income tax

Withhold **10%** federal income tax

Withhold _____% federal income tax

Federal income tax WILL be withheld from any distribution subject to the IRS withholding rules if you do not complete and return the election form or if you have not previously elected out of withholding. Tax will be withheld on the gross amount of these payments even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholdings on the payments. If you elect to have no federal taxes withheld from your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

State Income Tax Withholding Election

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding will require state income tax to be withheld from payments if federal taxes are withheld. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. You may wish to consult with a tax advisor or your state's tax authority for additional information on your state requirements.

I elect **TO NOT** have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding); or

I elect **TO** have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes (for residents of states that allow voluntary state tax withholding).

\$ _____ or _____ %

Signature

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, Domini Impact Investments, or an agent or affiliate 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 my account in the manner requested. The Custodian, Domini Impact Investments, and agents and affiliates of either of them 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 Impact Investments, and 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. **I have read and understand and agree to be legally bound by the terms of this form. This form may only be used for one account. If you have another account from which you wish to take distributions, please fill out a separate form.**

X

Participant's Signature

Date

MM

DD

YY

Medallion Signature Guarantee stamp (if required)

The Medallion Signature Guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations that participate in STAMP, SEMP, or NYSE-MSP. A notary public is not a substitute for a Signature Guarantee. The medallion signature guarantee stamp must include the words **SIGNATURE GUARANTEED, MEDALLION GUARANTEED**, and otherwise comply with the medallion program requirements.