



Domini Impact Investments ROTH IRA TRANSFER REQUEST

PO Box 46707
Cincinnati, OH 45246
(800) 582-6757
M-F 9:00 to 6:00 ET

Use this form to transfer IRA assets TO Domini Impact Investments

IRA HOLDER'S NAME AND ADDRESS (Transferring IRA)			CURRENT IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS	
Social Security Number	Date of Birth	Home Phone	IRA Account Number (Transferring IRA)	Trustee's or Custodian's Phone Number

INVESTMENT INSTRUCTIONS	TRANSFER ACCOUNT TYPE
<p><input type="checkbox"/> New Account (application attached) <input type="checkbox"/> Existing Account (list number below) _____</p> <p>Invest the Assets in the following manner:</p> <p><input type="checkbox"/> Domini Sustainable Solutions Fund Investor Share Class (CAREX) \$ _____ or _____ %</p> <p><input type="checkbox"/> Domini Impact Equity Fund Investor Share Class (DSEFX) \$ _____ or _____ %</p> <p><input type="checkbox"/> Domini Impact International Equity Fund Investor Share Class (DOMIX) \$ _____ or _____ %</p> <p><input type="checkbox"/> Domini Impact Bond Fund Investor Share Class (DSBFX) \$ _____ or _____ %</p> <p><input type="checkbox"/> Domini International Opportunities Fund Investor Share Class (RISEX) \$ _____ or _____ %</p> <p><input type="checkbox"/> Domini Deposit Account at PNC Bank N.A.* \$ _____ or _____ %</p> <p><small>*Domini will generally assess a \$3 monthly service charge for positions in Domini Deposit Account at PNC Bank N.A., subject to modification or waiver at Domini's discretion. Deposits are subject to FDIC insurance limits.</small></p>	<p>Type of Account to Transfer (please include a copy of a recent statement from your current custodian):</p> <p><input type="checkbox"/> Roth IRA <input type="checkbox"/> Roth Conversion IRA</p> <p><input type="checkbox"/> Beneficiary IRA _____ (Name of Deceased)</p> <hr/> <p>TRANSFER INSTRUCTIONS</p> <p><input type="checkbox"/> In-Kind Transfer of shares of the Domini Funds (Do not liquidate)</p> <p>or</p> <p><input type="checkbox"/> Liquidate and Transfer (select one option below):</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Partial \$ _____ or _____ %</p> <p><input type="checkbox"/> Other – Attached are additional transfer instructions</p> <p>Name of Asset to be liquidated: _____</p> <p>Please make a check payable as follows:</p> <p>Domini Funds FBO <Shareholder Name> ROTH IRA Account # _____ PO Box 46707 Cincinnati, OH 45246</p>

SIGNATURE OF IRA HOLDER	ACCEPTING IRA TRUSTEE OR CUSTODIAN
<p>I hereby appoint First National Bank, N.A. to serve as Custodian in accordance with the terms and conditions of this document and hereby acknowledge that I have read the Disclosure Statement contained herein and understand that the account is subject to an annual fee of \$15. I hereby certify that the above Social Security Number is true and correct.</p> <p>I hereby adopt the Individual Retirement Account. I hereby certify that I have full right and power, and legal capacity to purchase shares of the Fund(s) and affirm that I have received a current Prospectus and understand the investment objectives and policies stated therein.</p> <p>I authorize the transfer of the IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.</p> <p>I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations and plan agreements. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be held responsible.</p> <p>_____ (Signature of IRA Holder) _____ (Date)</p>	<p>Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred.</p> <p>_____ (Authorized Signature of New Trustee or Custodian) _____ (Date)</p> <p>Please contact your resigning trustee/custodian as they may require a member of the medallion program to guarantee your signature.</p> <p>_____ (Signature Guarantee) _____ (Date)</p>