

Transfer On Death Beneficiary Registration Form

Individual and Joint Accounts

for return to: Domini Funds, P.O. Box 9785
Providence, RI 02940

This form cannot be used to designate IRA beneficiaries. Domini has a different form for that purpose. Please consult a professional advisor for tax, legal and investment advice, given the effect of this beneficiary designation upon estate planning, particularly if you reside in a community property state. If you have any other questions, please call our Shareholder Information line: 1 800 582-6757, M – F, 9 a.m. to 6 p.m., Eastern Time.

Account Owner: _____ Account Number: _____

Address: _____ Telephone number: _____

Joint Owner: _____ Address: _____

Telephone number: _____

Primary Beneficiary: _____ Date of birth: _____ % of account: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Custodian, if beneficiary is a minor: _____

Primary Beneficiary: _____ Date of birth: _____ % of account: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Custodian, if beneficiary is a minor: _____

Contingent Beneficiary: _____ Date of birth: _____ % of account: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Custodian, if beneficiary is a minor: _____

Contingent Beneficiary: _____ Date of birth: _____ % of account: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Custodian, if beneficiary is a minor: _____

Each of us hereby states and represents as follows:

I request that my account be registered in the beneficiary form under the Uniform Transfer on Death Security Registration Act, thereby transferring ownership of the account, upon my death, to my primary beneficiaries noted above, and if all of them predecease me, then to my contingent beneficiaries noted above. If any primary beneficiaries shall predecease me, then that person's share shall be allocated proportionally among the remaining primary beneficiaries, unless I duly notify you otherwise. If all primary beneficiaries shall predecease me, and a contingent beneficiary shall predecease me, then that person's share shall be allocated proportionally among the remaining contingent beneficiaries, unless I duly notify you otherwise. I understand that for this instruction to apply to the entire account, all primary percentages should add up to 100%, as should all contingent percentages. If no percentages are indicated, Domini assumes an equal division among all primary beneficiaries, and if none, an equal division among all contingent beneficiaries. If a beneficiary is a minor, I must designate a custodian and provide the minor's birth date.

~~I direct Domini to transfer the account to such named beneficiaries upon receipt of appropriate instructions and~~

certification of my death. I warrant that I am a resident of the state I have designated above and that the state allows UTOB Registrations. These designations will replace any beneficiary information already on file and will remain in effect until I provide to Domini another properly completed written instruction. *(continued on next page)*

I release Domini Impact Investments, BNY Mellon Asset Servicing, their agents, representatives and affiliates from all claims, demands, suits, actions, liabilities and responsibilities whatsoever and agree to indemnify them from any and all liabilities, cost, or expense whatsoever for acting in good faith in accordance with these instructions.

If married, I understand that, if I designate a beneficiary who is not my spouse, my spouse must approve my designation of beneficiary by signing below. I understand that a change in marital status prior to my death may make my designation of beneficiary ineffective and I understand that my spouse, to whom I am married after I make this designation, must consent to my designation.

Signature of Account Owner: _____ Date: ____/____/____

Medallion Signature Guarantee:

Signature of Joint Owner: _____ Date: ____/____/____

Medallion Signature Guarantee:

I Hereby Consent to the Beneficiary Designation as stated above:

Signature of Spouse: _____ Date: ____/____/____

Medallion Signature Guarantee:

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