

**DOMINI FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT (ESA)
CERTIFICATION OF ROLLOVER ASSETS
DOMINI IMPACT INVESTMENTS, P.O. Box 46707
Cincinnati, OH 45246-0707 1-800-582-6757**



Use this form to certify the eligibility of a rollover contribution from a current Coverdell ESA to a Domini Funds Coverdell ESA. You must complete the rollover within 60 calendar days of your receipt of that distribution. If you have any questions, please call our Shareholder Information line at 1-800-582-6757, M-F, 9am to 6pm Eastern Time. Please consult a professional advisor for tax, legal and investment advice.

RESPONSIBLE INDIVIDUAL (The parent or guardian of the Designated Beneficiary)

Name: _____

Street Address*: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address (If different from street address): _____

City: _____ State: _____ Zip: _____

DESIGNATED BENEFICIARY (Must be under age 18, unless a special needs Designated Beneficiary)

Name: _____

Social Security Number: _____ Date of Birth: _____

ROLLOVER INVESTMENT (Please include a completed investment slip, or Coverdell Account Application.)

60 Day Rollover-(Coverdell ESA in the same Designated Beneficiary's name) This is a distribution of all or part of the account balance from another Coverdell ESA that was registered to the same Designated Beneficiary and is being rolled over within 60 days of receipt.

60 Day Rollover-(Eligible Family Member's Coverdell ESA) This is a distribution of all or part of the account balance from a Coverdell ESA that was held in another family member's name and is being rolled over within 60 days of receipt.

CERTIFICATION

I, as the Responsible Individual for the above referenced account, certify the following statements are true and correct:

The investment is an eligible Coverdell ESA rollover contribution that is being rolled over

1. Within the required time frame and
2. Includes only Coverdell ESA eligible assets, and
3. Is from another Coverdell ESA account in which the above-named Designated Beneficiary was either the original Designated Beneficiary or was an eligible family member of the designated beneficiary.

The property received from the distributing Coverdell ESA is the same property that is being rolled over into this Coverdell ESA.

I understand that this rollover contribution is irrevocable. I agree that I, as the Responsible Individual, am solely responsible for all tax consequences of this rollover contribution. I also agree that neither the Custodian nor Domini Funds, nor any agent or affiliate of either, shall have responsibility for any such tax consequences or any consequences resulting from this amount being ineligible for rollover.

I have read, understand, and agree to be legally bound by the terms of this form. I also understand that the Custodian will rely on this form when accepting this rollover contribution.

Responsible Individual's Signature: _____

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
1-800-762-6814