

**SIMPLE IRA TRANSFER OF ASSETS
DOMINI IMPACT INVESTMENTS**



PARTICIPANT INFORMATION

Name: _____ Daytime Telephone: (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

INVESTMENT ELECTION

- A. I am opening a new SIMPLE IRA and have attached the required SIMPLE IRA Application.
- B. Please place proceeds in my current SIMPLE IRA account: Account number: _____
- C. Please purchase into the following funds*:

INVESTMENT INSTRUCTIONS FOR CONTRIBUTIONS

\$1,500 minimum for each new position

<u>Domini Impact Equity Fund (0473) Investor Share Class</u>	Dollar \$ _____	or Percentage _____	%
<u>Domini Impact International Equity Fund (0430) Investor Share Class</u>	Dollar \$ _____	or Percentage _____	%
<u>Domini Impact Bond Fund (0501) Investor Share Class</u>	Dollar \$ _____	or Percentage _____	%
<u>Domini Deposit Account at PNC Bank*</u>	Dollar \$ _____	or Percentage _____	%

Must equal 100%

All dividends and capital gains will be reinvested

*Domini generally will assess a \$3.00 monthly service charge for all accounts invested within the Domini Deposit Account at PNC Bank account positions, subject to modification or waiver at Domini's discretion. This charge will be automatically withdrawn from your account on or about the 15th of each month (or the next applicable business day).

INSTRUCTIONS TO THE SHAREHOLDER (PLEASE READ CAREFULLY)

This form will be used by BNY Mellon Investment Servicing Trust Company to initiate a Transfer of Assets on your behalf from an existing SIMPLE IRA as designated on this form to your SIMPLE IRA at Domini Funds. Please remember this Transfer of Assets can only occur between SIMPLE IRA accounts. When completed, please return the signed form, a copy of your current account statement, and the appropriate new account SIMPLE IRA Application, if establishing a new account, to:

First Class Mail:

Domini Funds
P.O. Box 9785
Providence, RI 02940-9785

Overnight Mail:

Domini Funds
4400 Computer Drive
Westborough, MA 01581
1-800-582-6757

Insufficient information or the use of incorrect forms will result in delays in processing your instructions. If you have any questions in completing this form please contact our Shareholder Services line at 1-800-582-6757, Monday through Friday, 9 am to 5 pm Eastern Time. Please consult a tax advisor for tax advice.

Continued on next page

CURRENT CUSTODIAN TRANSFER AUTHORIZATION

Please attach your most recent statement, if possible. Note: your current custodian may require a Medallion Signature Guarantee to process your transfer request. Please see the Participant Authorization section for an explanation of the Medallion Signature Guarantee.

Name of current custodian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact name: _____ Telephone number: (_____) _____

For Certificate of Deposits: Immediately* At Maturity Date _____

*Please note if you wish to have certificates of deposit transferred immediately and they have not matured, you may incur a redemption penalty. We cannot accept requests to transfer assets from certificates of deposit more than 60 days before their maturity.

1) Investment to transfer: _____

Account number: _____

Liquidate Entire Account Partial Dollar Amount \$ _____ or Shares _____ Transfer In-Kind
Applies only to Domini mutual fund holdings

2) Investment to transfer: _____

Account number: _____

Liquidate Entire Account Partial Dollar Amount \$ _____ or Shares _____ Transfer In-Kind
Applies only to Domini mutual fund holdings

PARTICIPANT AUTHORIZATION

I authorize the transfer of assets to my SIMPLE IRA and authorize my current custodian, Domini Impact Investments, and BNY Mellon Investment Servicing Trust Company to process this request on my behalf. I understand it is my responsibility to assure the prompt transfer of assets by the current custodian. I have read and understand all information on this form and hereby provide the applicable authorization. Please refer to IRS Publication 590 and/or a tax advisor for more information.

Participant's Signature: _____

Date: _____

Medallion Signature Guarantee Stamp and Signature (If required by your current custodian or transfer agent): 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.

Medallion Signature Guarantee

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Providence, RI 02940-9785

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**DOMINI IMPACT INVESTMENTS
SIMPLE INDIVIDUAL RETIREMENT ACCOUNT (IRA)
ROLLOVER CERTIFICATION FORM**



PARTICIPANT INFORMATION

Name: _____ Daytime Telephone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Account Number: _____

PARTICIPANT CERTIFICATION

By signing below, I certify that the following are true and correct:

- The investment is an eligible SIMPLE IRA rollover contribution.
- This amount is being rolled over within 60 days of receipt.
- The rollover does not include any required minimum distribution amounts.

I understand that this rollover contribution is irrevocable and involves important tax considerations. I agree that I am solely responsible for all tax consequences. I also agree that neither the IRA Custodian, Domini Impact Investments, nor their agents or affiliates shall have responsibility for any such tax consequences or any consequences resulting from this amount being ineligible for rollover. Rules regarding rollovers, and their tax implications, are complex. Please refer to IRS Publication 590 and/or a tax advisor for more information.

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

Participant's Signature: _____ **Date:** _____

Mail to the following:

First Class Mail:

Domini Funds
P.O. Box 9785
Providence, RI 02940-9785

Overnight Mail:

Domini Funds
4400 Computer Drive
Westborough, MA 01581
1-800-582-6757

HOW DID YOU HEAR ABOUT US?

- | | | |
|---|--|---|
| <input type="checkbox"/> TV advertisement | <input type="checkbox"/> Print ad in _____ | <input type="checkbox"/> News story in _____ |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter | <input type="checkbox"/> Morningstar |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Conference | <input type="checkbox"/> Financial Advisor/Broker |
| | | <input type="checkbox"/> Lipper |
| | | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Internet search |