

*For return to:*

**Domini Impact Investments  
P.O. Box 46707  
Cincinnati, OH 45246-0707**

ACCOUNT REGISTRATION CHANGE REQUEST FORM

Domini account number: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

Registration / name and address currently on account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I was the minor on this account and have become an adult by law. Please change the above account registration to be solely in my name. A new account application signed by me is being provided. Thank you for your attention to this matter.

A copy of a government issued photo identification for me is enclosed.

\_\_\_\_\_  
Signature of former minor

Date: \_\_\_\_\_