



# Letter of Instruction Form

## INSTRUCTIONS

1. If you need assistance completing this form, or to request additional forms, **please contact us at 1-800-582-6757 M – F, 9 am to 6 pm Eastern Time.**
2. Mail the completed form to Domini Impact Investments, **PO Box 46707, Cincinnati, OH 45246.**
3. For overnight delivery, mail to Domini Impact Investments, **c/o Ultimus Fund Solutions, 225 Pictoria Dr, Suite 450, Cincinnati, OH 45246**

## PERSONAL INFORMATION

Information in this section is **required** in accordance with industry regulations.

Individual (First, Middle, Last)

Account Number

Social Security Number or Tax ID Number

Phone Number

**TRANSFER REQUEST** - I am requesting that the registration of the above named current account be re-registered as indicated below. I am enclosing a Domini new account application completed, and reflecting the new registration.

Current Registration - Ownership Name and Address

New Registration - Ownership Name

**OTHER**

## SIGNATURE

Signature of Account Owner      Date (MM/DD/YY)

Joint Owner, If any      Date (MM/DD/YY)

All account owners must sign this form exactly as the account is registered.