## Domini.

## **INSTRUCTIONS:**

Please use this form to authorize telephone redemption privileges.

- 1. If you need assistance completing this form please contact us at 1-800-582-6757, M-F, 9am to 6pm, ET
- 2. Mail the completed form to Domini Funds, P.O. Box 46707, Cincinnati, OH 45246-0707
- 3. For overnight delivery, mail to **Domini Funds**, 225 Pictoria Drive, Suite 450, Cincinnati, OH 45246
- **4.** To process your request, you must provide a voided check or bank verification letter and Medallion Signature Guarantee with this form

## Telephone Redemption Form

## Please Note:

- In certain cases, you must provide a Medallion Signature Guarantee with a redemption request (i.e. greater than \$100,000; made within 30 days of change to account registration; or made to a third party address not on file). See Prospectus for details.
- Shareholders in the Domini Institutional Impact Equity Fund may waive the Medallion Signature Guarantee (MSG) requirement for redemptions over \$100,000 by completing the MSG Waiver form.

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1. PERSONAL INFORMATION			
Information in this section is <b>required</b> in acco	ordance with industry regulation	ons.	
Individual			
Name (First, Middle, Last)			Account Number
Joint Owner			
Name (First, Middle, Last)			
2. AUTHORIZATION			
	•	•	cion proceeds to my address of record and/or by wire or
By Mail: I (we) authorize telephone-authormade payable to me (us) and mailed to my (ounless otherwise specified by me (us) in writimust be accompanied by a Medallion Signat	our) address of record only, ng. Such written instruction	By Wire or ACH: I (we) authorize Domini to electronically wire, or send electronically via automated clearing house (ACH), proceeds from redemptions that I (we) authorize by telephone for the above-referenced Domini account to my (our) bank account below. If I (we) want to change this authorization, I (we) shall contact Domini immediately.	
Bank Name		Bank Telephone Number	
		Type of Ac	
		., pe e. , .e	
L Account Number		Checking	Savings
or ACH redemption privileges.  3. CORPORATIONS, TRUSTS, PARTNERS  Please include a certified corporate resolutio	HIPS, OR OTHER COMPANIE	ES on indicating which բ	ed check or a bank verification letter is required to establish persons are authorized to execute transactions, and issue its, or Partnerships form available at <a href="https://www.domini.com">www.domini.com</a> .
4. SIGNATURE		•	
	, ,		e liable for any loss, liability, expense, or cost arising out
ignature of Acoount Owner Date (MM/DD/YY)		Joint Owner, 0	Co-Trustee, Corporate Officer, etc. Date (MM/DD/YY)
Name and Title:		Name and Title:	
Medallion Signature Guarantee*	dealers, and other gua	rantors acceptable to	obtained at banks, savings institutions, credit unions, broker to the Funds and their transfer agent. The Funds and their om notaries public or organizations that do not provide re-

prospectus for more details.

imbursement in the case of fraud. The Funds or their transfer agent may, at their option, request further documentation prior to accepting requests for redemptions. Please see the Shareholder Manual in the