

## **Change of Address Form**

## **INSTRUCTIONS:**

- **1.** If you need assistance completing this form or to request additional forms, you can contact us at **1-800-582-6757**.
- 2. Please 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.** A confirmation of this change of address will be sent to you at the old and new address.
- **5.** Within 30 days of the address change, for security purposes, redemption instructions must be in writing, with each signature accompanied by a medallion signature guarantee from a local financial institution.

Domini Account Number(s):		
,,		
Primary Account Holder:		
Social Security Number/Tax Identification Number:		
Joint Account Holder:		
Social Security Number/Tax Identification Number:		
occurs rumber/ rux ruentineation rumber.		
Old Address:		
New Address:		
Daytime Telephone Number: ()	Evening Telephone Number:	()
Email Address:		
Signature of Owner, Custodian, Trustee or Corporate Officer	Date	
Signature of Joint Owner, Custodian, Trustee or Corporate Officer	Date	