

Multiple Purpose Certificate for Institutional Investors

INSTRUCTIONS:

- 1. If you need assistance completing this form or to request additional forms, contact us at 1-800-582-6757 Monday Friday, 9 am to 6 pm, ET.
- 2. Please include entity documentation or trust documents showing the updated authorized person(s).
- 3. Mail the completed application to **Domini Funds**, P.O. Box 46707, Cincinnati, OH 45246-0707.
- 4. For overnight delivery, mail to Domini Funds, 225 Pictoria Drive, Suite 450, Cincinnati, OH 45246
- 5. Please print in capital letters.

NOTE:

- If Trustee is named in the registration of the account identified below, this certification is **not** required.
- Retain a copy of this document for your records. Any modification of the information below will require an amendment to this form. this document is in full force and effect until another duly executed form is received by Domini Impact Investments.

1. ACCOUNT INFORMATION		
A. Choose one account type.		
New		
Amendment to form dated		
(month, Day, Year)		
B. Domini Account number (Not Required For New Accounts)		
C. Account Registration:		
D. Registered Owner(s) is a:		
Corporations / Incorporated Association	Partnership Trust	Other
2. AUTHORIZED PERSON(S) INFORMATION		
	gnatories of the Degistered Owner, and any	*/may 2) of them is/are surrently outherized
The following named person(s) are currently authorized signatories of the Registered Owner, and any*(max 2) of them is/are currently authorized under the applicable governing document to act with full power to sell, assign, or transfer securities of the above named fund (the company) for the Registered		
Owner and to execute and deliver any instrument necessar	ary to effectuate the authority hereby conferred.	
Name	Title	Signature
Date of Birth Address		Social Security Number
Name	Title	Signature
Date of Birth Address		Social Security Number
Name	Title —	Signature
Date of Birth ———— Address ————		Social Security Number
*Insert Number. Unless otherwise indicated, Domini may h	onor any one of the persons named above.	
3. AUTHORIZATION		
Domini Impact Investments may, without inquiry, act only certification form last received by Domini Impact Investme losses resulting from Domini having acted upon any instru	ents. Domini Impact Investments shall not be lia	
I hereby certify that I am authorized on behalf of the registered owner and that to the best of my knowledge, the information provided on this form is complete and correct.		
CertifyingTrustee/GeneralPartner/Other		