# Domini.

# **Account Preferences Change Form**

Use this form to add or change account preferences and options on your existing Domini Funds account.

https://www.domini.com/

If you have any questions or need any help filling out the application, please call **800-582-6757**.

After you have completed and signed this application,

Please mail to: Overnight Delivery: **Domini Funds Domini Funds** 

P.O Box 46707 225 Pictoria Dr, Suite 450 Cincinnati, OH 45246 Cincinnati, OH 45246

Fax 1-877-513-0756

1. ACCOUNT INFORMATION Account Number*	N (*Required Information)				
Owner's Name* (First, M.I., Last)		Joint Owner's Name* (First, M.I., Last)			
Street Address (Physical Address)*		Street Address (Physical Address)*			
Cell Phone Number	Alternate Telephone Number	Cell Phone Number	Alternate	e Telephone Number	
2. ADDRESS UPDATE					
Mailing Address		City	State	Zip Code	
NOTE: If you are using a P.O. Box for a mailing address you must also include your physical street address  Street Address City State Zip Code					
New Telephone Number					
	updated address will require the espectus for details regarding pote	e request to come in writing with ential restriction periods.	a Medallio	n Signature Guarantee.	
Add Interested Party to rece	eive statements				
Name					
Mailing Address		City	State	Zip Code	

# 3. TELEPHONE PRIVILEGES

Telephone and online transaction privileges will be automatically established unless you specifically decline by checking the options below. These privileges allow you to instruct the purchase, sale, or exchange of Domini Funds shares by calling our shareholder services line at 1-800-582-6757 or by accessing your account online at www.domini.com. If you opt out of these privileges, you must provide transaction instructions by mail.

I DO NOT want telephone transaction privileges

I DO NOT want online transaction privileges

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#### 4. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

Please complete this section to choose a distribution option. If no option is selected, all dividends and capital gains will be reinvested. If Cash is selected, the distribution will be sent by ACH if bank information is included in , otherwise sent by check to the address of record.

**Dividends**: Reinvest Cash (Check or ACH) **Capital Gains**: Reinvest Cash (Check or ACH)

#### 5. NAME CHANGE

Please update the name on my account from

to my new name

\*Please include of copy of your court documents (for example, Marriage Certificate, Divorce Decree, etc...) that certify your name change

\*Your signature in section 7 must include a Medallion Signature Guarantee (MSG)

#### 6. BANK INFORMATION

If adding new bank information to your existing Domini Funds account, your signature in Section 8 must be accompanied by a Medallion Signature Guarantee, which can be obtained at a local bank or other financial firm.

Request Type Adding new bank information to my account

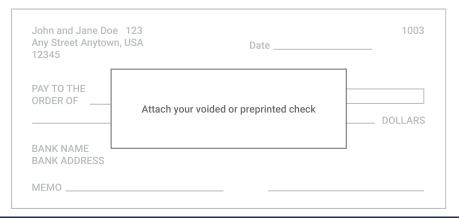
Change the existing bank information on my account

NOTE: Redemptions to a newly added or updated bank account will require the request to come in writing with a Medallion Signature Guarantee. Please see the Domini Funds prospectus for details regarding potential restriction periods.

Account Type: Checking Savings

Please attach a voided check for your bank account. A bank account will not be added without a voided check or without bank verification letter.

Note: Temporary or starter checks are not accepted.



#### 7. COST BASIS METHOD

Cost Basis calculation method for all accounts established by this application:

Average Cost First-In, First-Out (FIFO)\* Last-In, First-Out (LIFO)\* Highest-Cost, First-Out (HIFO)\* Specific Share Identification\*\*

Please apply the above changes to future purchases only

Please apply the above changes for future purchase as well as for current cost basis sharelots (if applicable)

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<sup>\*</sup> If you have any questions, please contact our shareholder services group at 800-582-6757.

<sup>\*\*</sup> If Specific Share Identification is selected and no instruction is provided at the time of redemption as to which shares should be redeemed, First-In, First-Out (FIFO) will be used.

#### 8. SIGNATURE AND MEDALLION SIGNATURE GUARANTEE

I authorize the Fund and its agents to act upon instructions (by phone, in writing, on-line or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expenses for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine.

By signing and including bank information, I authorize credits/debits to/from the bank account referenced in conjunction with the account option(s) selected. I agree that Ultimus Fund Solutions, LLC shall be fully protected in honoring any such transaction. I also agree that Ultimus Fund Solutions, LLC may make additional attempts to debit/credit my account if the initial attempt fails and I will be liable for any associated costs. All account options elected will become part of the account application and the terms, representations and conditions thereof.

All Account Owners Mu	ust Sign
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Signature of Owner, Trustee, or Custodian

Date

Signature of Joint Owner or Co-Trustee (if applicable)

Date

Note: Please sign your name exactly how it appears in the registration.

# A Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

A Medallion Signature Guarantee can be obtained from a bank, broker-dealer, credit union, national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. The stamp must also contain the letter prefix (A, B, C, D, E, F, X, Y or Z) that identifies the grantor's maximum surety amount, and that bond must cover the amount of the requested transaction. Please note that a Notary Public stamp is not acceptable.

Medallion Signature Guarantee

OR

Signature Validation Stamp

Medallion Signature Guarantee

OR

Signature Validation Stamp

### 9. MAILING INSTRUCTIONS

Please send completed form to:

Regular Delivery
Domini Funds
P.O Box 46707
Cincinnati, OH 45246

**Overnight Delivery**Domini Funds
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

*Fax* 1-877-513-0756 *Telephone* 800-582-6757