

## Redemption/Exchange Form For Non-Retirement Accounts

Use this form to request a one-time distribution, establish a Systematic Withdrawal Plan (SWP) or request an exchange for non-retirement accounts. Requests that require a Medallion Signature Guarantee must be submitted by mail.

<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 form,

Please mail to:  
**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**

### 1. INVESTOR INFORMATION (\*Required Information)

Owner's Name\* (First, M.I., Last)

Date of Birth\*

Street Address (Physical Address)\*

City\*

State\*

Zip Code\*

Account Number\*

Daytime Phone\*

### 2. DISTRIBUTION INSTRUCTIONS

Select either a **One Time** or **Systematic Distribution**. Please note that a **Medallion Signature Guarantee** may be required based on the amount requested. Please see the funds prospectus for additional information.

#### One Time Distribution

I wish to withdraw my entire account balance.

I wish to make a one-time, partial withdrawal of \$

from my investments as indicated in the chart

below.

I wish to withdraw the requested amount proportionately across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

NOTE: If no election is made and/or your account does not have an existing asset allocation model on your account, we will withdraw the requested amount proportionately across all your investments.

**Name of Investment**

**Total Investment Amount (\$)**

Total:

### Systematic Withdrawal

I wish to set up Automatic withdrawals in the amount of \$ \_\_\_\_\_ on a

Monthly    Quarterly    Semi-Annual    Annual    basis.

Start Month

Start Date

(if no date is chosen, distributions will be made on the 25th day of the next upcoming month or the following business day if the 25th falls on a weekend or holiday).

I wish to withdraw the requested amount proportionately across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

**Name of Investment**

**Total Investment Amount (\$)**

Total:

### 3. EXCHANGE INSTRUCTIONS

#### Exchange Request

I wish to exchange my entire account balance.

I wish to make partial exchange from my investments as indicated in the chart below.

**Exchange From Fund Name**

**Dollar Amount**

**Share Amount**

**Exchange To Fund Name**

#### 4. PAYMENT INSTRUCTIONS **\*\*Denotes that a Medallion Signature Guarantee is required**

##### By Mail

Mail check(s) to the address of record

Make check(s) payable to someone other than the account owner (Indicate payee below)\*\*

Make check payable to:

Mail check to an address other than the one on the account (Provide address below)\*\*

Street Address (Physical Address)\*

City\*

State\*

Zip Code\*

NOTE: In order to comply with the Fund's anti-money laundering policy, we may be required to confirm the relationship between the account owner and the third party payee.

##### Send to My Bank

Send distributions to my bank by Automated Clearing House (ACH) based on the:

ACH instructions already established for my account

Bank Account Information below \*\*

Wire transfer my One Time Distribution (not available for Automatic Distributions) to my bank based on the:

NOTE: Wire transfers are not available for Systematic Withdrawals.

Wire instructions already established for my account

Bank Account Information below \*\*

I authorize the Custodian to withdraw money from my mutual fund account and deposit to my bank account. I understand this privilege will be effective after the verification process.

**Please attach a voided check for your bank account. We are unable to update or add a new bank account unless we receive a voided check for bank verification.**

**Note: Temporary or starter checks are not accepted**

Account Type:      Checking      Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Attach your voided or preprinted check	_____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		

## 5. ACKNOWLEDGEMENT AND MEDALLION SIGNATURE GUARANTEE

By signing this Redemption Request Form, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to redeem my account as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution, and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian.

### Signature of Account Owner (If the account has multiple account owners, all account owners need to sign below:

Account Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

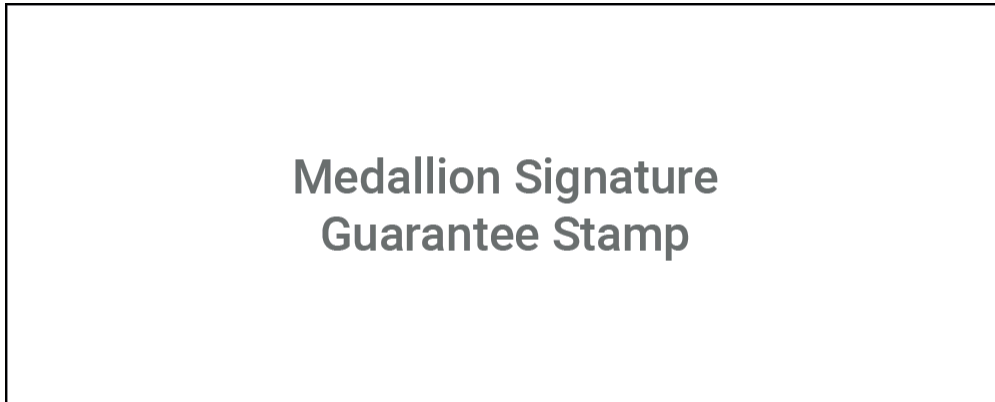
Joint Account Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Account Owner Signature \_\_\_\_\_ 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.



## 6. 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