



An investment for your future.

Please mail this form to:
 GREEN CENTURY FUNDS
 P.O. Box 6110
 Indianapolis, IN 46206-6110

EDUCATION SAVINGS ACCOUNT REGISTRATION

If you have questions on how to complete this form, please call 1-800-221-5519, Monday through Friday, 9:00 a.m. to 5:00 p.m. (Eastern Time).

The undersigned (the "Depositor") hereby establishes an Education Savings Account Custodial Account (the "Custodial Account") for the benefit of the "Designated Beneficiary" identified below. The parent or guardian of the Designated Beneficiary identified below is hereby appointed the "Responsible Individual" who shall sign this Registration Form, and maintain the Custodial Account, on behalf of the Designated Beneficiary. The Depositor and the Responsible Individual agree to the applicable Terms and Conditions for Education Savings Accounts of the Custodial Account Agreement. The combined instrument (the Custodial Account Agreement and this Registration Form) is referred to as the "Agreement." The Custodial Account hereby established shall become effective immediately, subject to its acceptance by Unified Financial Securities, Inc. (the "Custodian").

ACCOUNT REGISTRATION

Please use a separate form for each Designated Beneficiary. You may photocopy this form (front and back) or call 1-800-93-GREEN for additional forms.

DESIGNATED BENEFICIARY

| | | | |
|---------------|-------------|-----------|-------------------------------------|
| NAME _____ | | | DATE OF BIRTH _____ / _____ / _____ |
| ADDRESS _____ | | | SOCIAL SECURITY NUMBER _____ () |
| CITY _____ | STATE _____ | ZIP _____ | DAYTIME TELEPHONE _____ |

RESPONSIBLE INDIVIDUAL

| | | | |
|---------------|-------------|-----------|-------------------------------------|
| NAME _____ | | | SOCIAL SECURITY NUMBER _____ () |
| ADDRESS _____ | | | DAYTIME TELEPHONE _____ |
| CITY _____ | STATE _____ | ZIP _____ | |

RELATIONSHIP TO DESIGNATED BENEFICIARY: Mother Father Guardian (Please provide proof of guardianship)

DEPOSITOR

| | | | |
|---------------|-------------|-----------|-------------------------------------|
| NAME _____ | | | SOCIAL SECURITY NUMBER _____ () |
| ADDRESS _____ | | | DAYTIME TELEPHONE _____ |
| CITY _____ | STATE _____ | ZIP _____ | |

TYPE AND ALLOCATION OF INVESTMENTS

Please indicate the type(s) of contributions to be made. For each type, note the dollar amount or percentage of assets to be allocated to each Fund.

The minimum initial investment per Fund is \$500. The maximum annual contribution for each Designated Beneficiary is \$2,000.

| | GREEN CENTURY BALANCED FUND \$ or % | GREEN CENTURY EQUITY FUND \$ or % |
|--|---|---|
| <input type="checkbox"/> Annual Contribution (Enclose a check payable to the Green Century Funds) | _____ | _____ |
| <input type="checkbox"/> Transfer of an Education Savings Account from another Custodian (Also complete the Green Century Funds Education Savings Account Transfer Request Form) | _____ | _____ |
| <input type="checkbox"/> Rollover of an Education Savings Account from another Custodian (Enclose a check payable to the Green Century Funds) | _____ | _____ |
| <input type="checkbox"/> Change the Designated Beneficiary of Existing Green Century Education Savings Account (Enclose documentation showing such election is permitted) | _____ | _____ |

Green Century Education Savings Account # _____

Please complete reverse side.

■ DEPOSITOR SELECTIONS

FUTURE CONTROL OF ACCOUNT OPTIONS *(Check one.)*

- Continued Administration by Responsible Individual.** The Responsible Individual identified above shall continue to serve as the Responsible Individual for the Custodial Account after the Designated Beneficiary reaches the age of majority in his or her state of residence and until such time as all of the assets in the Custodial Account have been distributed and the Custodial Account terminates. If the Responsible Individual dies or becomes incapacitated after the Designated Beneficiary attains the age of majority, then the Designated Beneficiary shall become the Responsible Individual.
- Administration by Designated Beneficiary Upon Reaching Age of Majority.** The Designated Beneficiary identified above shall become the Responsible Individual for the Custodial Account upon the Designated Beneficiary reaching the age of majority in his or her state of residence and filing a notice thereof with the Custodian.

FUTURE CHANGE OF DESIGNATED BENEFICIARY OPTIONS *(Check one.)*

- The Responsible Individual **MAY** change the beneficiary designated for this Custodial Account to another member of his or her family.
- The Responsible Individual **MAY NOT** change the beneficiary designated for this Custodial Account.

■ SIGNATURES AND CERTIFICATIONS OF DEPOSITOR AND RESPONSIBLE INDIVIDUAL

The Depositor has received and read the Education Savings Account Custodial Account Agreement, the Education Savings Account Disclosure Statement and the Prospectus of the Green Century Funds, and hereby appoints Unified Financial Securities, Inc. as Custodian, and consents to the Custodian's fees and terms of the Custodial Account Agreement. The Depositor hereby establishes and the Responsible Individual agrees to maintain an Education Savings Account operating under Internal Revenue Code Section 530, and the applicable Terms and Conditions for Education Savings Accounts of the Custodial Account Agreement are incorporated herein by reference.

If this is an **Annual Contribution** Education Savings Account, the following certifications and acknowledgments are made: (i) The Designated Beneficiary identified above is under age 18; (ii) The amount of the annual contribution does not exceed the Depositor's maximum limit based on modified adjusted gross income and filing status; and (iii) The amount of the annual contribution, when combined with all other contributions made this year to this and all other Education Savings Accounts for the benefit of the Designated Beneficiary identified above, does not exceed \$2,000.

If a **Rollover or Transfer** is being effected, the following certifications and acknowledgments are made: (i) The funds were distributed from another Education Savings Account under Code Section 530; (ii) This rollover contribution is being made within 60 days of receipt of the distributed amount from the other Education Savings Account; (iii) A rollover of all or part of any other distribution from another Education Savings Account for the benefit of the same Designated Beneficiary has not occurred during the 12-month period ending on the date the distribution was received; and (iv) The Designated Beneficiary identified above is the same Designated Beneficiary of the prior Education Savings Account or a member of such other Designated Beneficiary's family as defined in Code Section 529(e)(2).

If this Application **changes a Designated Beneficiary** of an existing Education Savings Account, the following certifications and acknowledgments are made: (i) The Depositor who established the existing Education Savings Account elected to permit the Responsible Individual designated therein to change the beneficiary designation; and (ii) The Designated Beneficiary identified above is a member of the existing Education Savings Account's Designated Beneficiary's family, as defined in Code Section 529(e)(2).

Under penalties of perjury, I also certify that: (1) The Social Security or Taxpayer Identification Number on this Registration Form is correct; and (2) I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or (b) the IRS has notified me that I am no longer subject to backup withholding. (Cross out this item "2" if you have been notified by the IRS that you are currently subject to backup withholding.)

(3) If I fail to provide the correct Social Security or Taxpayer Identification Number or if I fail to sign this Registration Form, the Green Century Funds may reject, restrict or redeem my account, and I may also be subject to backup withholding of up to 31% of all distributions and redemptions.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF DEPOSITOR

_____/_____
DATE

SIGNATURE OF RESPONSIBLE INDIVIDUAL

_____/_____
DATE

■ ACCEPTANCE BY CUSTODIAN

AUTHORIZED SIGNATURE – UNIFIED FINANCIAL SECURITIES, INC.

_____/_____
DATE

Inactive Account Notice: Please note that the laws of several states require mutual funds and other financial institutions, including the Green Century Funds, to close accounts and transfer the proceeds to a state after a period of inactivity (as defined under applicable state law) and when the account owner cannot be contacted.