



Please mail this form along with your Account Registration to:

GREEN CENTURY FUNDS
 P.O. Box 6110
 Indianapolis, IN 46206-6110

An investment for your future.

CORPORATE RESOLUTION

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).

This form must be completed by corporations, partnerships, business trusts, and other similar organizations and submitted along with an Account Registration form. Retain a copy of this form for your records. Any modification of the information provided by you in this form will require the submission of a new form. If you need additional forms, please call 1-800-93-GREEN, Monday through Friday, 9:00 a.m. to 6:00 p.m. (Eastern Time). This document is in full force and effect until another duly executed form is received by Unified Fund Services.

PLEASE ATTACH THE APPROPRIATE DOCUMENTS

For Corporations: Certified Articles of Incorporation (specifically indicating the authority of the assigning officer "to sell, assign and transfer funds.")

For Partnerships: Partnership Agreement or other appropriate documentation including evidence of who has the authority to act on behalf of the partnership.

For Other Organizations: Documents indicating the nature and purpose of the organization including evidence of who has the authority to act on behalf of the organization.

ACCOUNT REGISTRATION INFORMATION

All organizations must complete this section

Name of Business/Organization

Tax Identification Number

Green Century Balanced Fund

Account # _____

IF NEW ACCOUNT, WRITE "NEW"

Green Century Equity Fund

Account # _____

IF NEW ACCOUNT, WRITE "NEW"

ARTICLE 1. RESOLUTIONS FOR TELEPHONE REDEMPTION AND EXCHANGE OF SHARES

This section must be completed only if the "Telephone Redemption Option" on the enclosed Account Registration form has been elected.

Resolved: That, in connection with any funds invested by _____ in shares of

NAME OF ORGANIZATION

Green Century Balanced Fund

Green Century Equity Fund

any of the following persons acting singly or in concert _____

NAME(S) AND TITLE(S) OF PERSON(S) WITH AUTHORITY

is (are) hereby authorized and directed to execute the Telephone Redemption Option in the Green Century Funds Account Registration form.

Resolved: That Unified Fund Services (Unified) be and hereby is designated as the true and lawful agent of _____

NAME OF ORGANIZATION

to surrender for redemption or exchange between funds, any and all shares held in this organization's Green Century Balanced Fund and/or Green Century Equity Fund accounts (the "Accounts"), with full power of substitution, and that Unified is hereby authorized and directed to accept and act without inquiry upon any telephone direction for redemptions or exchanges of shares held in the Accounts from the individual(s) identified below in this Article 1 who request(s) payment to be made to the bank account identified by this organization.

Further Resolved: That _____ will not hold Unified liable for any loss, expense or costs arising out of any

NAME OF ORGANIZATION

telephone request for redemption or exchange so long as Unified acts in accordance with the applicable telephone redemption and exchange procedures as described in the prospectus of the Green Century Funds as amended from time to time.

Further Resolved: That each of the following persons be and is hereby authorized to make telephone transactions relating to the Green Century Funds as described in this Article I on behalf of this organization.

NAME

TITLE

_____	_____
_____	_____
_____	_____
_____	_____

ARTICLE 2. RESOLUTIONS FOR WRITTEN REDEMPTION REQUESTS

All organizations must complete this section as authorization for written redemption of shares.

Resolved: That, the following named persons are currently (officers) (trustees) (partners) or (other authorized signatories) of _____ and any _____ of them is/are currently authorized to request in writing the redemption of any number of shares held by this organization in the funds indicated below.

NUMBER

Green Century Balanced Fund

Green Century Equity Fund

AUTHORIZED SIGNATURE(S)

NAME

TITLE

SPECIMEN SIGNATURE

NAME	TITLE	SPECIMEN SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Further Resolved: That until duly notified in writing of a resolution to the contrary, Unified Fund Services (Unified) is authorized to accept and act upon the certificate of the (Secretary) (Clerk) or (other officer) of this organization as to the names of the present and future officers or other authorized signatories of this organization, and to act and rely upon any specimens of signatures of officers, or other persons, if any, authorized to sign and act for this organization, which are furnished to Unified by such (Secretary) (Clerk) or (other officer).

ARTICLE 3. GENERAL RESOLUTIONS AND CERTIFICATION

All organizations must complete this section.

Resolved: That the undersigned (Secretary) (Clerk) or (other officer) of this organization be and hereby is authorized and directed to certify to Unified Fund Services (Unified) that the foregoing resolution(s) relating to (Telephone Redemption) and/or (Written Redemption) and that the provisions thereof are in conformity with the (Charter) (Articles of Organization or Incorporation) (Declaration of Trust) or (other applicable governing document) *of which a copy is included*, and the By-Laws of _____, organized under the laws of _____ and were duly adopted at a meeting of the Board of (Directors) or (Trustees) of the organization duly called and held on _____ at which a quorum was present and acting throughout, and that each such resolution is now in full force and effect and that these resolutions and the authority thereby conferred shall remain in full force and effect until this organization officially notifies Unified to the contrary in writing and Unified may conclusively presume that such resolutions are in effect and that the persons identified from time to time as officers or trustees by certificate of the (Secretary) (Clerk) or (other officer) have been duly elected or appointed to and continue to hold such offices.

I certify that the above named authorized person(s) in Articles 1 and/or 2 are empowered to act within the authority prescribed in the foregoing resolutions.

Witness my hand this _____ day of _____

*SECRETARY, CLERK, TRUSTEE, OR OTHER OFFICER

Confirmed: _____

ACCOUNT AUTHORIZATION INFORMATION FOR EACH INDIVIDUAL LISTED IN ARTICLE 1 AND ARTICLE 2 ABOVE

NAME

DATE OF BIRTH

STREET ADDRESS (NOT A POST OFFICE BOX)

SOCIAL SECURITY NUMBER

CITY STATE ZIP

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NAME

DATE OF BIRTH

STREET ADDRESS (NOT A POST OFFICE BOX)

SOCIAL SECURITY NUMBER

CITY STATE ZIP

()

NAME

DATE OF BIRTH

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SOCIAL SECURITY NUMBER

CITY STATE ZIP

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*If the secretary or other recording officer is authorized to act alone by the above resolutions, this certificate must also be confirmed by another officer.