



Please mail to:
Green Century Funds
P.O. Box 588
Portland, ME 04112

Overnight Address:
Green Century Funds
c/o Atlantic Fund Services
Three Canal Plaza, Ground Floor
Portland, ME 04101

SIMPLE IRA Registration Form

For assistance in filling out this form, please contact Shareholder Services at 1-800-221-5519 Monday through Friday, 8:00 am to 6:00 pm Eastern Time.

IMPORTANT INFORMATION FOR OPENING A NEW ACCOUNT

To help fight the funding of terrorism and money laundering activities, federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account. When you open an account, you must provide the name, street address, date of birth, and Social Security Number or Taxpayer Identification Number for the depositor or anyone who will be signing or transacting on behalf of a legal entity that will own the account. The Funds will use this information to identify you and may also ask for other identifying information. Please note that a \$15.00 annual maintenance/custodian fee will be charged for each type of IRA.

1. Depositor's Information

_____ First Name	_____ MI	_____ Last Name	_____ Date of Birth	_____ Social Security Number	
_____ Street Address		_____ City	_____ State	_____ Zip Code	
_____ Mailing Address		_____ City	_____ State	_____ Zip Code	
_____ Daytime Telephone		_____ Evening Telephone		_____ Email Address	
U.S. Citizen _____ Resident Alien (Country) _____					

2. Employer's Information

_____ Employer's Name (First, Middle Initial, Last)		_____ Name of Contact		_____ Employer Identification Number	
_____ Street Address (Physical Address)		_____ City	_____ State	_____ Zip Code	
_____ Mailing Address (if different from above)		_____ City	_____ State	_____ Zip Code	
_____ Daytime Telephone		_____ Email Address			
How did you hear about Green Century? _____					

3. Contribution Information

Source of Funds (select one):

Elective Deferral	Amount: \$ _____	Tax Year: _____
<hr/>		
Employer Match Contribution	Amount: \$ _____	Tax Year: _____
<hr/>		
Employer Non-Elective Contribution	Amount: \$ _____	Tax Year: _____
<hr/>		
Direct Transfer	(Note: Select this option only if you are transferring assets from another SIMPLE IRA)	
Rollover	(Note: Select this option only if you are rolling over assets from another SIMPLE IRA)	
<hr/>		
Recharacterization	Amount: \$ _____	Tax Year: _____
<hr/>		
Other	Explain: _____	

NOTE: Contributions made to your Simple IRA will be for the current tax year unless you specify prior year.

4. Investment Selection

Green Century Balanced Fund – Individual Investor Share Class	\$ _____	OR	%* _____
Green Century Equity Fund – Individual Investor Share Class	\$ _____	OR	%* _____
Green Century Equity Fund – Institutional Share Class	\$ _____	OR	%* _____
Green Century International Index Fund – Individual Investor Share Class	\$ _____	OR	%* _____
Green Century International Index Fund – Institutional Share Class	\$ _____	OR	%* _____

*Total Percentages must add up to 100%

5. Designation of Beneficiary

When the Custodian receives proper instructions, your IRA assets will be distributed to the beneficiary(ies) you designate in this section. If the primary beneficiary(ies) do not survive you, your IRA assets will be distributed to the secondary beneficiary(ies). In the event all beneficiaries are deceased, distribution is made to your estate. If you name more than one beneficiary in a class (primary or secondary), indicate a percentage for each; the percentages must total 100%. All surviving beneficiaries within the class will share equally if you do not indicate percentages. To name a Trust as your beneficiary, attach a copy of the Trust Agreement to this form. Enter the name, date, and Social Security or Tax Identification Number of the Trust and address of the Trustee below. You may change your beneficiaries at any time by sending written instructions to the Custodian.

NOTE: If you live in a marital or community property state, and your spouse is not the sole primary beneficiary, your spouse must sign the consent at the bottom of this form.

Type (circle one): Primary Secondary **Share percentage:** _____% **Relationship to IRA Owner:** Spouse Non-spouse

_____ MI _____ Last Name _____ Social Security Number _____

_____ Date of Birth or Date of Trust _____ Physical Street Address _____ City _____ State _____ Zip Code

Type (circle one): Primary Secondary **Share percentage:** _____% **Relationship to IRA Owner:** Spouse Non-spouse

First Name MI Last Name Social Security Number

Date of Birth or Date of Trust Physical Street Address City State Zip Code

Type (circle one): Primary Secondary **Share percentage:** _____% **Relationship to IRA Owner:** Spouse Non-spouse

First Name MI Last Name Social Security Number

Date of Birth or Date of Trust Physical Street Address City State Zip Code

Type (circle one): Primary Secondary **Share percentage:** _____% **Relationship to IRA Owner:** Spouse Non-spouse

First Name MI Last Name Social Security Number

Date of Birth or Date of Trust Physical Street Address City State Zip Code

If you need additional space to name beneficiaries, please attach a separate sheet that includes all the information requested above. Please sign and date the sheet.

6. Duplicate Account Statement

Yes, please send a duplicate statement to:

First Name Last Name

Physical Street Address City State Zip Code

7. Payment Method

You can open your account by any of these methods. Please check your choice:

- _____ **By Check** Enclose a check payable to Green Century Funds for the total amount.
_____ **By Wire** For wire instructions call Shareholder Services at 1-800-221-5519 Monday through Friday, 8:00 a.m. to 6:00 p.m. (Eastern Time).
_____ **From Employer** Contributions will be forthcoming from my employer.
_____ **Other** _____

NOTE: Third party checks, counter checks, starter checks, money orders, traveler's checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.

8. Spousal Consent

Complete this section only if you, the SIMPLE IRA owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as Primary beneficiary. It is your responsibility to determine if spousal consent requirements apply to your beneficiary selection. The following spousal consent is provided as an accommodation; the Custodian is not responsible for determining its necessity or validity. This section may have important tax consequences to you and your spouse. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions.

CONSENT OF SPOUSE: By signing below, I acknowledge that I am the spouse of the SIMPLE IRA owner designated above and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I assume responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse

Date

Witness

Date

9. Acknowledgement

NOTE: This application will not be processed unless signed below by the IRA owner.

By signing this *SIMPLE IRA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have received and read copies of the *SIMPLE IRA Application*, *IRS Form 5305-SA*, *Disclosure Statement* and *Financial Disclosure*, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that if the deposit establishing the SIMPLE IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. I understand that I am responsible for the SIMPLE IRA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. I have been not been provided legal or tax advice from the Custodian.

Signature of SIMPLE IRA Owner

Date

10. For Dealer Use Only

Financial Institution Name

Representative's Full Name

Address

Representative's Branch Office Telephone Number

City

State

Zip Code

Dealer Number

Branch Number

Representative Number

Representative's Signature

Supervisor's Signature

11. Acceptance by Custodian

To be completed by TMI Trust Company

Authorized Signature
TMI Trust Company

Date

It is the Green Century Funds' policy not to accept accounts that are an investment option of a participant-directed plan or program of a government entity.

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.