



Corporate Resolution Form

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 1-800-934-7336, 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 Atlantic Fund Services. Please send this completed form to Green Century Funds, P.O. Box 588, Portland, ME 04112.

Note: 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.

Please attach the appropriate documents

For Corporations, Partnerships and Other Organizations: A Green Century Funds Certification Regarding Beneficial Owners Form. To obtain this form, please call 1-800-934-7336, visit www.greencentury.com or email info@greencentury.com.

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 _____ - _____

- | | |
|---|--|
| <input type="checkbox"/> Green Century Balanced Fund-Individual Investor Share Class | Account # _____
If new account, write "New" |
| <input type="checkbox"/> Green Century Equity Fund-Individual Investor Share Class | Account # _____
If new account, write "New" |
| <input type="checkbox"/> Green Century Equity Fund-Institutional Share Class | Account # _____
If new account, write "New" |
| <input type="checkbox"/> Green Century International Index Fund-Individual Investor Share Class | Account # _____
If new account, write "New" |
| <input type="checkbox"/> Green Century International Index Fund-Institutional Share Class | 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-Individual Investor Share Class
- Green Century Equity Fund-Individual Investor Share Class
- Green Century Equity Fund-Institutional Share Class
- Green Century International Index Fund-Individual Investor Share Class
- Green Century International Index Fund-Institutional Share Class

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 Atlantic Fund Services (Atlantic) be and hereby is designated as the true and lawful agent of _____ to surrender for redemption of exchange between funds, any and
 NAME OF ORGANIZATION

all shares held in this organization's Green Century Balanced Fund-Individual Investor Share Class, Green Century Equity Fund-Individual Investor Share Class, Green Century Equity Fund-Institutional Share Class, Green Century International Index Fund-Individual Investor Share Class, and/or Green Century International Index Fund-Institutional Share Class accounts (the "Accounts"), with full power of substitution, and that Atlantic 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 Atlantic liable for
 NAME OF ORGANIZATION
 any loss, expense or costs arising out of any telephone request for redemption or exchange so long as Atlantic 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
 NAME OF ORGANIZATION NUMBER

request in writing the redemption of any number of shares held by this organization in the funds indicated below.

- Green Century Balanced Fund-Individual Investor Share Class
- Green Century Equity Fund-Individual Investor Share Class
- Green Century Equity Fund-Institutional Share Class
- Green Century International Index Fund-Individual Investor Share Class
- Green Century International Index Fund-Institutional Share Class

AUTHORIZED SIGNATURE(S)
NAME

TITLE

SPECIMEN SIGNATURE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Further Resolved: That until duly notified in writing of a resolution to the contrary, Atlantic Fund Services (Atlantic) 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 Atlantic 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 Atlantic Fund Services (Atlantic) 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
NAME OF ORGANIZATION NAME OF STATE

at a meeting of the Board of (Directors) or (Trustees) of the organization duly called and held on ____/____/____
DATE

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 Atlantic to the contrary in writing and Atlantic 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

First Name MI Last Name Date of Birth Social Security Number

Street Address (Not a PO Box) City State Zip Code

Daytime Telephone Evening Telephone

First Name MI Last Name Date of Birth Social Security Number

Street Address (Not a PO Box) City State Zip Code

Daytime Telephone Evening Telephone

First Name MI Last Name Date of Birth Social Security Number

Street Address (Not a PO Box) City State Zip Code

Daytime Telephone Evening Telephone

First Name MI Last Name Date of Birth Social Security Number

Street Address (Not a PO Box) City State Zip Code

Daytime Telephone Evening Telephone

*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.