



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

Overnight Address:
Green Century Funds
c/o Atlantic Fund Services
190 Middle Street, Suite 101
Portland, ME 04101

Coverdell Education Savings Account Withdrawal Authorization and Instructions for Distribution

Use this form to request a total or partial distribution from your Green Century Coverdell Education Savings Account (ESA). 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: Neither the Custodian of the Coverdell ESA from which you are seeking a distribution, the Green Century Funds, nor any agent of either is authorized or able to provide you with legal or tax advice regarding a distribution from a Coverdell ESA account. You may wish to consult a tax advisor or attorney before authorizing a distribution from a Coverdell ESA account.

1. Account Information

Responsible Individual

Individual named by the Depositor who is authorized to act on behalf of the designated beneficiary. Usually a parent or guardian.

First Name	MI	Last Name	Date of Birth	Social Security Number	
Street Address			City	State	Zip Code
Daytime Telephone		Evening Telephone		Email Address	
Account Number					

Designated Beneficiary

Child for whom the account is established.

First Name	MI	Last Name	Date of Birth	Social Security Number	
Street Address			City	State	Zip Code
Daytime Telephone		Evening Telephone			

2. Reason for Distribution

A. Distribution for Qualified Education Expenses:

- ☐ Distribution(s) from this account are being used for qualified education expenses of the Designated Beneficiary. *Please see the Coverdell ESA Information Sheet at the end of this form for a list of qualifying expenses.*

B. Distributions Not Used for Qualified Education Expenses:

- ☐ This distribution is not being used for qualified education expenses and none of the other reasons below apply.
- ☐ Permanent disability of the Designated Beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code)
- ☐ Death of Designated Beneficiary (Please provide a certified copy of the death certificate)
- ☐ Removal of Excess – you must also complete section 3, Excess Contribution Election
- ☐ Transfer, including transfer incident to Divorce or Legal Separation – please contact Shareholder Services at 1-800-221-5519 for additional document requirements.
- ☐ This Coverdell ESA is being rolled over or transferred to another Green Century Funds Coverdell ESA for the following family member (attach new Green Century Funds Coverdell ESA application):

First Name MI Last Name Date of Birth Social Security Number

- ☐ Age 30 attained by Designated Beneficiary.

3. Excess Contribution Election

Any withdrawal made as a result of a contribution that exceeded your maximum amount contributable as determined by the IRS.

Amount of excess contribution: \$ _____ Tax year for which excess contribution was made: _____
(Required) (Required)

Date excess contribution was made: _____

4. Distribution Amount

Please enter the amount you wish distributed from your account. NOTE: If you are making a distribution from different funds held with the same account number, please fill in the dollar amount or the percentage you wish distributed from each Fund. If you wish to make distributions from more than one account number, please complete a separate form for each.

<input type="checkbox"/> Green Century Balanced Fund Individual Investor Share Class	_____	OR	_____
	Dollar Amount		Percent of Distribution
<input type="checkbox"/> Green Century Equity Fund Individual Investor Share Class	_____	OR	_____
	Dollar Amount		Percent of Distribution
<input type="checkbox"/> Green Century Equity Fund Institutional Share Class	_____	OR	_____
	Dollar Amount		Percent of Distribution
<input type="checkbox"/> Green Century International Index Fund Individual Investor Share Class	_____	OR	_____
	Dollar Amount		Percent of Distribution
<input type="checkbox"/> Green Century International Index Fund Institutional Share Class	_____	OR	_____
	Dollar Amount		Percent of Distribution

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- ☐ Send distribution to my bank account on file with the Green Century Funds.
- ☐ Send distribution to a different bank account. **NOTE:** Choosing this option requires that you attach a voided check or savings account deposit slip from this bank account and obtain a Medallion Signature Guarantee in Section 6 below.
- ☐ Send payment to an account at Green Century Funds:
- ☐ Send distribution(s) to my existing account with the Green Century Funds.
- ☐ Balanced Fund – Individual Investor Share Class
 - ☐ Equity Fund – Individual Investor Share Class
 - ☐ Equity Fund – Institutional Share Class
 - ☐ International Index Fund – Individual Investor Share Class
 - ☐ International Index Fund – Institutional Share Class

Account Number: _____

- ☐ Send distribution(s) to a new Green Century account, or rollover to a new Coverdell ESA for another family member. **NOTE:** Choosing this option requires that you attach a new completed Coverdell ESA registration form. You may obtain the registration form by calling 1-800-221-5519 or at www.greencentury.com/documents.
- ☐ Send payment to a 529 College Savings Account at another address. **NOTE:** If you choose payment to an address other than the address on file, your signature on this form will require a Medallion Signature Guarantee in Section 6 below.

Mail check to: _____

Payee _____	Account Number at the 529 Plan _____		
Street Address _____	City _____	State _____	Zip Code _____

6. Authorization and Certification

Please sign below to authorize your distribution request. If you selected a distribution amount in Section 4 or payment method in Section 5 that requires a Medallion Signature Guarantee, include a valid Medallion Signature Guarantee below.

By signing below, I certify that the information I have provided is true and accurate to the best of my knowledge. I further certify that no legal or tax advice has been given to me by the Custodian of the Coverdell ESA account specified above, Green Century Funds, or any agent of either, and that all decisions regarding the elections made on this form are my own. I authorize the distribution of my Coverdell ESA or a portion thereof 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 this action. I agree that the Custodian, Green Century Funds, and their agents shall be indemnified and held harmless for any tax, legal or other consequences of the elections made on this form.

Responsible Individual's Signature or Designated Beneficiary's Signature
if age of majority or designated age has been attained

Date

Medallion Signature Guarantee

(if required; see above in Section 6):

The Medallion Signature Guarantee is designed to protect you from fraud by providing a warranty that the signature presented is genuine. You can obtain a signature guarantee from most banks, brokerage firms and savings institutions where you have an account. Be sure to ask for a "New Technology" Medallion Signature Guarantee Stamp. **NOTE:** A notary public cannot provide a signature guarantee.

Medallion Signature Guarantee