

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	
---------------------------	--

- □ Green Century Balanced Fund-Individual Investor Share Class
- □ Green Century Balanced Fund-Institutional Share Class
- Green Century Equity Fund-Individual Investor Share Class

Green Century Equity Fund-Institutional Share Class

Account #			
If new a	ccount,	write	"New"

Account # _____ If new account, write "New"

Account # _____ If new account, write "New"

Account # _____ If new account, write "New"

□ Green Century International Index Fund-Individual Investor Share Class Account#

If new account, write "New"

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

- □ Green Century Balanced Fund-Individual Investor Share Class
- □ Green Century Balanced Fund-Institutional Share Class
- □ Green Century EquityFund-Individual Investor Share Class
- □ Green Century Equity Fund-Institutional Share Class
- □ Green Century InternationalIndex Fund-Individual Investor Share Class
- Green Century InternationalIndex 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

all shares held in this organization's Green Century Balanced Fund-Individual Investor Share Class, Green Century Balanced Fund-Institutional Share Class, Green Century Equity Fund-Individual Investor Share Class, Green Century Equity Fund-Individual Investor Share Class, Green Century Equity Fund-Individual Investor Share Class, Green Century International Index Fund-Individual Investor Share Class, and/or Green Century International Index Fund-Institutional 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

NAME OF ORGANIZATION

will not hold Atlantic liable for

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 _________ 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 Balanced Fund-Institutional Share Class
- Green Century EquityFund-Individual Investor Share Class
- □ Green Century Equity Fund-Institutional Share Class
- Green Century InternationalIndex 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 (W ritten 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

of which a copy is in	iciuaea, and the	•					
NAME OF OF	RGANIZATION	, organized	d under	the laws of	NAME OF S		ere duly adopted
at a meeting of the Bo	ard of (Director	s) or (Trustees) of	the orga	nization du	ly called a	ndheld on	// DATE
at which a quorum wa and that these resolut organization officially resolutions are in effe (Secretary) (Clerk) or	is present and a ions and the au notifies Atlantic ct and that the p	cting throughout, a thority thereby con to the contrary in v persons identified fi	and that ferred s vriting a rom time	each such hall remain nd Atlantic e to time as	resolution i in full force may conclu officers or	s now in ful and effect isively presi trustees by	l force and effect until this ume that such certificate of the
I certify that the above prescribed in the fore			rticles 1	and/or 2 ar	e empowe	red to act w	ithin the authority
Witness my hand this	day o	f					
			Χ.	SECRETARY,	CLERK, IRU	JSTEE, OR O	THER OFFICER
		Confirm	ned:				
Account Authoriza	tion Informat	ion for Each Ind	lividua	Listed in	Article 1	and Artic	le 2 Above
First Name	MI Last Nam	le		Date of Birth		Social Security	Number
Street Address (Not a PO E	Box)		City			State	Zip Code
Daytime Telephone		Evening Telephone					
First Name	MI Last Nam	le		Date of Birth		Social Security	Number
Street Address (Not a PO E	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.