

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

Overnight Address: Green Century Funds c/o Apex Fund Services Three Canal Plaza, Ground Floor 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.

st Name	MI	Last Name		Date of Birth	Social Se	curity Number
reet Address			City		State	Zip Code
aytime Telephone		Eve	ening Telephone		Email Add	dress
count Number						
esignated Be	eneficia	ry established.				
esignated Be	eneficia eccount is o	ry established. Last Name		Date of Birth	Social Sect	urity Number

2. Reason for Distribution

Institutional Share Class

A.	Distribution for Qualified Edu	cation Expenses:		
	Distribution(s) from this account Beneficiary. Please see the Cove expenses.			
В.	Distributions Not Used for Qu	ıalified Education E	Expenses:	
	This distribution is not being used f	or qualified education e	expenses and none	of the other reasons below apply.
	Permanent disability of the Design Revenue Code)	ated Beneficiary (withi	n the meaning of se	ection 72(m)(7) of the Internal
	Death of Designated Beneficiary (Please provide a certif	ied copy of the dea	th certificate)
	Removal of Excess – you must als	so complete section 3,	Excess Contributio	n Election
	Transfer, including transfer incider 1-800-221-5519 for additional doc		Separation – please	contact Shareholder Services at
	This Coverdell ESA is being rolled following family member (attach n			
	First Name MI Last Nam	e	Date of Birth	Social Security Number
	Age 30 attained by Designated Be	neficiary.		
	nt of excess contribution: \$(Requi		which excess contr	ibution was made:(Required)
Please funds l each F each.	istribution Amount e enter the amount you wish distribute held with the same account number, fund. If you wish to make distributions een Century Balanced Fund Individual Investor Share Class	please fill in the dollar	amount or the per	centage you wish distributed from ease complete a separate form for
□ Gr	reen Century Balanced Fund		OF	
	Institutional Share Class	Dollar Amount		Percent of Distribution
□ Gr	een Century Equity Fund Individual Investor Share Class	Dollar Amount	OF	Percent of Distribution
□ Gr	reen Century Equity Fund Institutional Share Class	Dollar Amount	OF	Percent of Distribution
	reen Century International dex Fund Individual Investor Share Class	Dollar Amount	OF	Percent of Distribution
	reen Century International dex Fund	Dollar Amount	OF	Percent of Distribution

Please complete either Section A or B below depending on how you wish to receive the distribution you are requesting. NOTE: If you are requesting a distribution of \$10,000 or more, your signature will require a Medallion Signature Guarantee in Section 6 below.

Comp	ne-time Distribution ete this Section if you are requesting a one-time partial or complete withdrawal from your account. If you are ting a percentage distribution, please enter only whole numbers (e.g. 33% and not 33 1/3%).
	Entire account balance
	One-time, partial withdrawal in the amount of \$or% of the account balance
Comp	estematic or Regular Withdrawals ete this Section if you wish to establish regular withdrawals from your account. Systematic distributions ue until you request cancellation of the systematic withdrawals.
,	Amount you wish distributed: \$
ı	requency of distribution:
[☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual
	you wish to receive quarterly, semi-annual or annual payments, in which month(s) would you like the listribution processed?
(Quarterly:
Ş	Semi-Annual:
,	nnual:
[Day of the Month:(if no date is selected we will default to the 25 th of the month)
ease in	nent Method dicate how you wish to receive your distribution payment. syment as follows:
	To the address currently on file with the Green Century Funds.
	Make check payable to someone other than the account owner (indicate payee below). NOTE: If you choose payment to a payee other than the account owner on file, your signature on this form will require a Medallion Signature Guarantee in Section 6 below.
	Make check payable to: Payee
	To an alternate address. NOTE: If you choose payment to an address other than the address on file, you signature on this form will require a Medallion Signature Guarantee in Section 6 below.
	Mail check to: Street Address City State Zip Code
Send p	ayment to a bank account by electronic transfer (ACH) as follows:
	Send distribution(s) to my bank account on file with the Green Century Funds.
	Send distribution(s) 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 p	ayment to a bank account by electronic transfer (Wire). This option is only available for a one-time

distribution. It is not available for systematic distributions. A fee of \$10 will apply:

		Send distribution to my bank account on f	file with the Green Century Funds.		
		Send distribution to a different bank account check or savings account deposit slip from in Section 6 below.			
	Send p	payment to an account at Green Century Fu	unds:		
		Send distribution(s) to my existing accour	nt with the Green Century Funds.		
		 □ Balanced Fund – Individual Inventor □ Balanced Fund – Institutional S □ Equity Fund – Individual Investe □ Equity Fund – Institutional Shar □ International Index Fund – Indiv □ International Index Fund – Institutional Index Fund – Institutional Index 	hare Class or Share Class re Class vidual Investor Share Class		
		Account Number:			
	other to	Send distribution(s) to a new Green Centumember. NOTE: Choosing this option registration form. You may obtain www.greencentury.com/documents. Dayment to a 529 College Savings Account a chan the address on file, your signature on tw. Sail check to:	requires that you attach a ne the registration form by cal at another address. NOTE: If you this form will require a Medallion S	w completed Coverdell ling 1-800-221-5519 o	ESA r at
	_				
	Pa	ayee	Account Number at the 529 Plan		
		ayee creet Address		State Zip Code	
Ple or p Sig	Auth ease signature signing tify that een Cen 1. I auth ponsible a result	preet Address Approximation and Certification Ign below to authorize your distribution on the method in Section 5 that requires a Guarantee below. Below, I certify that the information I have proposed in the proposed of the proposed in	request. If you selected a district Medallion Signature Guarantee rovided is true and accurate to the by the Custodian of the Coverdell at all decisions regarding the election or a portion thereof as instructed distribution, and I assume all response.	ibution amount in Secti e, include a valid Meda best of my knowledge. I fu ESA account specified al ons made on this form ar above. I understand that ensibility for any conseque gents shall be indemnified	allion ove e my I am
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