

1 Account Holder Information

Owner's First Name	Initial	Last Name
Joint Owner's First Name	Initial	Last Name
Owner's Address (P.O. Box only is not sufficient)		
City	State	Zip

Daytime Phone Number	E-mail Address
Owner's Social Security Number/Tax ID Number	
New Covenant Fund Name and Account Number	

2 Transfer on Death Registration

I request that the account be registered in the beneficiary form under the Uniform Transfer on Death Security Registration Act, thereby assigning ownership of the account on my death to my beneficiary. I direct the New Covenant Funds (the Funds) to transfer the account to the beneficiary upon receipt of instructions and certification of my death. I warrant that I am a resident of the state I have designated above and that the state allows TOD registration.

I release the Funds and its agencies and representatives from all claims, demands, suits, actions, liabilities, and responsibilities whatsoever and agree to indemnify them from any and all liabilities, cost or expense whatsoever for acting in good faith in accordance with these instructions.

If married, I understand that, if I designate a beneficiary who is not my spouse, my spouse must approve my designation of beneficiary by signing below. I understand that a change in marital status prior to my death may make my designation of beneficiary ineffective and I understand that my spouse to whom I am married after I make this designation must consent to my designation.

- It is my intent to make a charitable gift of any remaining shares in my account to the charity named below.
- Other beneficiary

TOD Beneficiary		
Street		
City	State	Zip
Social Security Number	Date of Birth	

Additional TOD Beneficiary		
Street		
City	State	Zip
Social Security Number	Date of Birth	

Signature of Account Owner

Signature of Joint Owner (if applicable)

Date

I hereby consent to the beneficiary designation(s) stated above.

Signature of Spouse

Date

If there is a dispute regarding the right of a TOD beneficiary to receive assets pursuant to this registration, the Fund cannot assure you that the party or court hearing that dispute will apply your state law when making its determination. A TOD registration may not be revoked or changed by will, codicil, or telephone conversation. You can change or revoke your designation at any time by 1) submitting a new signature guaranteed designation of TOD beneficiary form, or 2) providing the Funds with a signature guaranteed letter of instruction detailing the same information included in this form. Please note: This section may only be used by natural persons and not by organizations.

3 Mailing Instructions

Please send this completed form to: New Covenant Funds, Attn: Shareholder Services, P.O. Box 701, Milwaukee, WI 53201-0701