

Regular mail: ESG Managers® Portfolios PO Box 55389 Boston MA 02205-5389 Overnight mail: ESG Managers® Portfolios c/o BFDS 30 Dan Road, Suite #55389 Canton, MA 02021-2809 Telephone: 888.374.8920

Shareholders Service Form

Use this form to:

- 1. Authorize Telephone Exchange, Purchase* and Redemption* privileges for your ESG Managers® account;
- 2. Provide banking information for the Electronic Transfer of Funds between your ESG Managers® account(s) and your checking or savings account;
- 3. Establish an Automatic Investment Plan for your ESG Managers® account;
- 4. Establish a Systematic Withdrawal Plan for your ESG Managers® account;
- 5. Update your Cost Basis Method;
- 6. Update your Distribution Options;
- 7. To change your address, complete section A, check the box to indicate it is new information, then sign in section F.

For help with filling out this form please call Shareholder Services at 888.374.8920 between 8AM and 6PM ET M-F.

A. Please tell us about your existing account(s):

Account number	Share Class			
Account number	Share Class			
Account Owner's Name	Social Security/Tax ID No.			
Joint Account Owner's Name	Social Security/Tax ID No.			
Mailing Address	City	State	Zip Code	9
()				
Contact Phone		Email Address		
☐ Check here if contact information above is n	iew.			
B. Please check the options you wish	to add to your account:			
☐ Telephone/Online Exchange – allows you to m	nove funds between identically re	egistered accounts.		
☐ Telephone/Online Purchase (Section C is requestions account.	uired for this option) – allows ye	ou to purchase funds by electroni	cally debiting your che	cking or
☐ Telephone/Online Redemption — complete Se bank account. If this box is checked and Section				
☐ Automatic Investment Plan (Section C is required debiting your checking or savings account. Fur approximately 20 days to become effective.				tronically
IRA accounts: Contributions made via Automa	atic Investment Plan will be cons	idered current year contributions	S.	
SEP IRA accounts: Please indicate the contribu year employer)	ition type: ☐ Employer ☐ Pers	onal IRA (If undesignated, contri	bution will be conside	red current
Please invest \$ (minimum \$50	0 per account) on the	day of each ☐ month o	or 🗆 quarter, beginnin	g in the
month of If you do not select a date for Automatic Investme or holiday, your Automatic Investment will take pla			If the selected date falls	on a weekend
Please automatically purchase into the following	Fund(s):			
Fund Name:	Share Class:	Amount: \$	or	%
		Timo direc		70

Section C below to system, or you may accounts. Please us	o allow Systematic 'y have a check mai se the applicable IF do not already have	ows you to automatically withdraw Withdrawals to be electronically to led to your address of record. The AA Withdrawal form.) an ESG Managers® account, pleasers® Portfolios.	ransmitted to y plan takes app	our bank ac roximately	ecount via the 20 days to bec	Automatic Clearicome effective. (No	ng House (AC ot for use with	CH) h IRA
Please withdraw \$	or _	shares on the	day of each	\square month	quarterly	☐ semi-annually	or annu	ually,
beginning in the mo	onth of							
		atic Withdrawal, the 25th of the narawal will take place on the next as						
Please automatical	ly withdraw from	the following Fund(s):						
Fund Name:		Share Class:		Amo	unt: \$	or		%
Fund Name:		Share Class:		Amo	ount: \$	or		%
shares when directe bank account. I her for acting upon such	ed and as specified, eby ratify any such h instructions. I un	unsfer agent to honor instructions p by transmitting the proceeds, as ap instructions and agree to indemnij derstand that if I submit a change all registered owner(s).	plicable, to me a fy the Fund and	t my addres its transfer	s of record or l agent from an	by debiting/crediting y loss, liability, cost	ng my preauth t, damage and	iorized l expense
by telephone for yo	our Traditional, Ro	mitted for SIMPLE IRA or Cover illover, SEP and/or Roth IRA. Tran tuations require that a written wi	nsfers of assets,	removal of	excess contril			
Please attach a voice In order to add bar	ded, unsigned checonking instructions unteed with a Medate: □ Remove:	c account information ck or savings deposit slip for the b to your account for any purpose allion Signature Guarantee (see be the Existing Bank Information from the following Bank Information to	other than an A clow Section D) om my account a	utomatic Ir and REPLAC	expectment Place CE it with the force	n, all owners must following New Bank	t have their si	gnatures
Bank Name		Name(s) on Bank Account			ml · ·			
Bank Routing/ABA Numb	per	Bank Account Number			This is a:	☐ Checking ☐ Sa	avıngs Accoui	nt
_		ar on both your ESG Managers® ac	count registrati	on and the b	ank account r	registration).		
You are hereby auth authority is to rema check. I further agre	horized to pay and a ain in effect until re ee that if any such o	charge to my account debits drawn voked by me in writing and, until theck is dishonored, whether with o crcised, shall become part of the acc	on my account you receive such r without cause	by and paya notice, I ag and whethe	able to the orde ree you shall b er intentionall;	er of ESG Manager e fully protected in y or inadvertently,	honoring any you shall be u	such such
	ction will be used t	o calculate the gain or loss on sale oply to all funds. To choose a diffe						y all
☐ Average Cost ☐		☐ First In, First Out (FIFO) ☐ La		ast In, First Out (LIFO)				
☐ Highest Cost, Fi	rst Out (HIFO)	☐ Lowest Cost, First Out (LOFO) ☐ L		oss/Gain Utilization (LGUT)				
If you do not ch	unting Method Sel oose a valid second	ection (Average Cost is NOT a va lary method, FIFO will be used. basis for more information regard		nethod)	,	Write selection here		
E. Distribution	Options	Ţ.						
Dividends: Capital Gains:	□ Cash*	☐ Reinvest						

 $^*\,\square\, \text{Check here, and complete Section C, to have your cash dividends and/or capital gains electronically transmitted to your bank account.}$

F. Please sign here. All registered owners must sign below.

If you are adding bank information to your account (section C) for any purpose other than an Automatic Investment Plan, all registered owners must have their signature(s) guaranteed by an eligible guarantor institution.

The Signature Validation Program (SVP) Stamp is intended to provide a signature guarantee for those transactions considered non-financial in nature. The SVP Stamp on a document assures the signature on the document is genuine, the signer was known by or satisfactorily identified by the guarantor and the signer had the authority to sign the document. In the event the bank or financial institution does not offer the SVP Stamp, a Medallion Guarantee Stamp will be accepted.

The SVP Stamp and the Medallion Guarantee Stamp may be obtained from an eligible guarantor of the Medallion Guarantee Program, which includes commercial banks, trust companies, savings associations and credit unions, as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. Non bar-coded guarantees or stamps from a Notary Public are not acceptable. All bar-coded guarantees must be legible. For those signing in a capacity other than the account owner, a capacity must be indicated beside or beneath the signature. Prior to signing, contact the guarantor to determine what documentation needs to be provided.

Signature of Account Owner	Date	Signature of Joint Account Ow	wner Date
SVP/MSG	(if required)		SVP/MSG (if required)