



NEW COVENANT FUNDS
 Attn: Shareholder Services
 P.O. Box 701
 Milwaukee, WI 53201-0701

TRADITIONAL/ROTH IRA APPLICATION
 AND ADOPTION AGREEMENT

In compliance with the USA PATRIOT ACT, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: full name, date of birth, Social Security number and permanent street address. Corporate, trust, and other entity accounts require additional documentation. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

1. Participant Information

First	Middle	Last Name	Account #
Street	(P.O. Box only is not sufficient)		Date of Birth
City	State	Zip Code	Daytime Telephone
			Social Security Number

2. IRA Type to be established

- Traditional Traditional Rollover Roth

3. Investment Instructions

- New Contribution a) Current Year: 20__ \$ _____ or b) Prior Year: 20__ \$ _____
 60-Day Rollover Check Transfer of Assets Direct Rollover from Qualified Plan
 Conversion from Traditional to Roth

4. Investment Election (The initial investment must be at least \$500 in each fund)

- New Covenant Growth Fund \$ _____ or % _____
 New Covenant Income Fund \$ _____ or % _____
 New Covenant Balanced Growth Fund \$ _____ or % _____
 New Covenant Balanced Income Fund \$ _____ or % _____
 New Covenant Treasury Obligations Fund \$ _____ or % _____

All dividends and capital gains will be reinvested (if you are over the age of 59-1/2 and wish to receive cash, please check here)

5. Telephone Access

- By checking this box, I indicate that I want telephone privileges to access my account.

6. Beneficiary Designation (Attach additional sheet for more beneficiaries)

Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	Name: _____	SSN: _____	Date of Birth: _____
		Address: _____	Relationship: _____	Share: _____%
Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	Name: _____	SSN: _____	Date of Birth: _____
		Address: _____	Relationship: _____	Share: _____%
Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	Name: _____	SSN: _____	Date of Birth: _____
		Address: _____	Relationship: _____	Share: _____%

Note, the share percentage must equal 100% for all Primary or all Contingent Beneficiaries. If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s). In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the beneficiary is a trust, please indicate the date of the trust and the trustee(s) name. You may change your beneficiaries at any time by giving written notice to the Custodian. If you do not designate a beneficiary, or the beneficiary(ies) you designate predecease you, your surviving spouse will become the beneficiary of your IRA, if no surviving spouse or unmarried, your estate will become the beneficiary of your IRA.

I consent to the above Beneficiary Designation. Signature of Spouse _____ Date _____

Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than, or in addition to, the Participant's Spouse. Disclaimer for Community and Marital Property States (AZ, CA, ID, LA, NV, NM, TX, WA, and WI): The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, New Covenant Funds and the IRA Custodian specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

7. Privacy Principles

U.S. Bank serves as custodian to self-directed savings and retirement accounts, such as Individual Retirement Accounts, Qualified Plans, 403(b)(7) Plans (the "Accounts") owned by shareholders of investment companies for whom our affiliated company, U.S. Bancorp Fund Services, LLC, serves as transfer and shareholder servicing agent (the "Funds"). You are receiving this notice because you own or are considering establishing an Account that contains an investment in shares of a Fund. U.S. Bank is committed to maintaining the privacy of Account owners and to safeguarding their nonpublic personal information. U.S. Bank collects nonpublic personal information from Account applications and other forms that Account owners send to establish and maintain an Account. We may also have access to specific information regarding an Account owner's transactions with the Funds. U.S. Bank does not disclose any nonpublic personal information about any Account owner or former Account owner to anyone, except as permitted by law or as necessary in order to service the Account. U.S. Bank restricts access to nonpublic personal information about the Account owners to our employees with a legitimate business need for the information. We maintain physical, electronic and procedural safeguards designed to protect the nonpublic personal information of Account owners.

8. Terms and Conditions

I, the Participant, acknowledge that I have received and read the current Prospectus for each Fund which I have designated for investment.

All dividends and distributions from the Fund shares held in your Account will be reinvested in shares of the Fund from which received. Each subsequent contribution will be invested based on the written instructions received with the contribution.

Custodial Fees: \$15 annual maintenance fee per account. The annual maintenance fee may be paid by the Participant in addition to the maximum annual contribution to his/her IRA. If the fee is not included, custodian will deduct the fee from the Account at year-end or at the time the Account is closed. The custodian reserves the right to change the custodial fee, but will give at least 30 days written notice to the Participant of any fee changes. The custodian will keep those records, identify and file returns and provide other information concerning your Account as required of custodians by the Internal Revenue Code (IRC) and any Regulations issued or forms adopted by the Treasury Department of the United States.

I hereby establish an Individual Retirement Account (IRA) under the terms and conditions contained in the Custodial Account Agreement, which is incorporated herein by reference. The combined instrument is hereinafter referred to as the "Agreement." I acknowledge receipt of a copy of the Custodial Account Agreement, this Application and Adoption Agreement, and the Disclosure Statement with respect to this IRA. I direct that all benefits upon my death be paid as indicated on the beneficiary designation and I understand and agree that this IRA becomes effective upon written acceptance by the Custodian, U.S. Bank, which written acceptance shall consist of a confirmation of transaction statement issued by the Custodian.

Substitute W-9: Under penalties of perjury, I certify that the number shown on this application is my/the organization's correct taxpayer identification number (social security number). I further certify that I am/the organization is a US person (including a US resident alien) and I am/the organization is not subject to backup withholding because (a) I am/it is exempt from backup withholding, (b) I have/the organization has not been notified by the Internal Revenue Service (IRS) that I am/it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/the organization that I am/it is no longer subject to backup withholding. The IRS does not require your/the organization's consent to any provision of this document other than the certification required to avoid backup withholding.

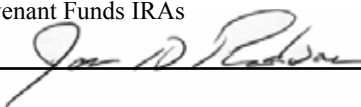
If you are subject to backup withholding, strike through certification (b) of the Substitute W-9 section above.

Participant's Signature _____ Date _____

9. Acceptance by U. S. Bank

U.S. Bank accepts its appointment as custodian of the above referenced IRA account and has established an IRA as indicated by the shareholder on this form under Internal Revenue Code Section 408(A) for IRAs under the shareholder's name in New Covenant Funds. New Covenant Funds and U.S. Bank, as custodian, cannot accept assets other than cash. Upon receipt of the check, the proceeds will be credited to the named Participant's account.

Accepted by U.S. Bank as custodian for New Covenant Funds IRAs

Authorized Representative of U.S. Bank _____ Date _____
615 E. Michigan St., Milwaukee, WI 53202 

FOR DEALER USE ONLY

Firm or Institution Name Dealer Number Branch Number

NCF or other Representative Name NCF or other Representative Number Phone