NEW COVENANT MUTUAL FUNDS

Account Update

Complete only those sections which are to be updated.

Account Registration (required)

Owner's First Name | Initial | Last Name

Joint Owner's First Name | Initial | Last Name

Owner's Social Security Number/Tax ID Number

New Covenant Fund Name and Account Number - required

Name Change - Please change the name of my current account to:

1 Address Change

Owner's Previous Address (P.O. only is not sufficient)

City | State | Zip

New Address (P.O. Box only is not sufficient)

City | State | Zip

2 Phone or E-mail

Previous Daytime Phone Number | New Daytime Phone Number

Previous E-mail Address | New E-mail Address

3 Bank Routing Information

Proceeds are to be transmitted to the commercial bank designated below. Attach voided check.

☐ ACH (3 business days) ☐ Wire ($15 fee)

Name of Bank

Address

City | State | Zip

Attach voided check here.

For additional information, call New Covenant Funds at 877-835-4531.

4 Distribution Options

All distributions will be reinvested automatically unless otherwise indicated below.

Income Dividends

☐ Reinvest

☐ Cash ☐ by check to address; or

☐ by ACH (complete section 3)

Capital Gains Distributions

☐ Reinvest

☐ Cash ☐ by check to address; or

☐ by ACH (complete section 3)

5 Telephone Privileges

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

6 Signature

Signature of Owner, Trustee, Custodian or Authorized Signer | Date

Signature of Joint Owner (if any) | Date

Medallion Signature Guarantee is required for:
1) name change (may require additional legal documentation)

If proceeds are:
2) being sent to bank account which does not match the registration of the NCF account or
3) mailed to an address other than the address of record on the NCF account.

Medallion Signature Guarantee

7 Mailing Instructions

Please send this completed form to:

New Covenant Funds
Attn: Shareholder Services
P.O. Box 701
Milwaukee, WI 53201-0701