

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. Account Registration - Please type or print clearly.

**Organizations - If you are a Presbyterian organization, you must also complete Authorized Traders Form on page 6 of this Application.**

Non-Profit Corporation     Trust     Corporation     Partnership

If a Presbyterian entity:  (1) Church     (2) Seminary     (3) Retirement Home     (4) Children's Home     (5) Other

Names of Church, Trust and Trustees or Corporation/Partnership

Account Name (Church Fund Name)

Trust Date (if applicable)

Social Security Number/Tax Identification Number

*Please note: Statements will be sent to Attn: Treasurer unless noted differently in Section 2 of this Application.*

## Individuals

**Ownership -** For joint accounts, *Joint Tenants with Right of Survivorship (JTWROS)* will be assumed if no box is checked.

Individual                       Joint Tenants with Rights of Survivorship                       Tenants in Common

Owner's First Name                      Middle Initial                      Last Name                      Date of Birth                      Social Security Number

Joint Owner's First Name                      Middle Initial                      Last Name                      Date of Birth                      Social Security Number

**Gifts/Transfers to a Minor (UGMA/UTMA)** under the state of \_\_\_\_\_ Uniform Gift/Transfer to Minor Act

Custodian's First Name                      Middle Initial                      Last Name                      Date of Birth                      Social Security Number

Minor's First Name                      Middle Initial                      Last Name                      Date of Birth                      Social Security Number

## 2. Mailing Address and Phone Number

Residence Address (Must be a street address; a PO Box will not be accepted)

Home Phone Number - Required

Work Phone Number

City

State

Zip

E-mail Address

Mailing Address (If different from residence address)

City

State

Zip

United States Citizen                       U.S. Citizen living abroad. Please provide the U.S. State of Association \_\_\_\_\_

Please check here if you are an employee or director associated with New Covenant Funds or its related entities or if you are the spouse, parent, child, sibling, or any other relative residing in an employee's or director's home.

**For organizations:** List name of person to be mailed statement if different from Treasurer \_\_\_\_\_

**Householding Policy:** I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports & other similar documents. I may contact New Covenant Funds at 877-835-4531 at any time to revoke my consent. Householding is automatic & effective indefinitely unless you contact us to request multiple copies of fund documents.

**3. Transfer on Death (TOD)** *Please note: This section may only be used by natural persons and not by organizations.*

**Transfer on Death** *You may use TOD with the registrations for Individuals & Joint Tenants with Right of Survivorship in section 1; the beneficiary may not be a Custodian under UGMA.*

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

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TOD Beneficiary Name If applicable - Social Security Number If applicable - Birth Date

*I hereby consent to the beneficiary designation stated above.*

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Signature of Account Owner Date Signature of Joint Owner (if applicable) Date

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.

*I hereby consent to the beneficiary designation stated above.*

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Signature of Spouse Date

If there is a dispute regarding the right of a TOD beneficiary to receive assets pursuant to this registration, the Funds 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 medallion signature guaranteed designation of TOD Beneficiary Form, or 2) providing the Funds with a medallion signature guaranteed letter of instruction detailing the same information included in the TOD Beneficiary Form.

**4. Fund Selection; Dividend and Capital Gains Distribution Options**

***\$500 minimum investment for each fund. Please make checks payable to New Covenant Funds. Money orders, traveler's, starter and third party checks are not accepted.***

| Full Fund Name                                | Select Fund              | Amount (\$) | Dividend Distributions        |                                   | Capital Gain Distributions    |                                   | Direct to Charitable Beneficiary* |                             |
|---|--------------------------|-------------|-------------------------------|-----------------------------------|-------------------------------|-----------------------------------|-----------------------------------|-----------------------------|
| New Covenant Growth Fund (1105)               | <input type="checkbox"/> | _____       | <input type="checkbox"/> Cash | <input type="checkbox"/> Reinvest | <input type="checkbox"/> Cash | <input type="checkbox"/> Reinvest | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| New Covenant Balanced Growth Fund (1103)      | <input type="checkbox"/> | _____       | <input type="checkbox"/> Cash | <input type="checkbox"/> Reinvest | <input type="checkbox"/> Cash | <input type="checkbox"/> Reinvest | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| New Covenant Balanced Income Fund (1102)      | <input type="checkbox"/> | _____       | <input type="checkbox"/> Cash | <input type="checkbox"/> Reinvest | <input type="checkbox"/> Cash | <input type="checkbox"/> Reinvest | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| New Covenant Income Fund (1104)               | <input type="checkbox"/> | _____       | <input type="checkbox"/> Cash | <input type="checkbox"/> Reinvest | <input type="checkbox"/> Cash | <input type="checkbox"/> Reinvest | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| New Covenant Treasury Obligations Fund (1107) | <input type="checkbox"/> | _____       | <input type="checkbox"/> Cash | <input type="checkbox"/> Reinvest | <input type="checkbox"/> Cash | <input type="checkbox"/> Reinvest | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |

If you do not choose a distribution option, dividends and capital gains will be reinvested at the net asset value to purchase additional shares.

\*If you would like to direct your distributions to a charitable beneficiary, please complete section 5.

## 5. Wire/Electronic Transfer Instructions

This service enables you to have proceeds sent via wire or ACH to the bank account designated. **You must attach a voided check** - your request cannot be processed without it.     ACH (3 business days)     Wire (\$15 fee)

*Please attach a voided check where indicated on page 5.*

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## 6. Automatic Investment Program

Once an account has been opened with a minimum investment of \$500, you can make additional purchases of shares with the automatic withdrawal of monies from your bank account.

| <i>Fund Name</i> | <i>Amount (\$)</i> | <i>Frequency</i>   | <i>Day of Month</i> |
|------------------|--------------------|--|---------------------|
| _____            | \$ _____           | <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly | _____               |
| _____            | \$ _____           | <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly | _____               |

*Please attach a voided check where indicated on page 5.*

Medallion Signature Guarantee required if draft is from bank account which does not match the registration of the New Covenant Funds account.

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## 7. Telephone Privileges

YES, I want telephone privileges to access my account. This will allow me to access account information, transfers, and fund performance.

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## 8. Checkwriting Option - for the New Covenant Treasury Obligations Fund (1107) only

You must complete a signature card with original signatures of all authorized traders for the account. Only authorized traders may write against the account. Fund checks cannot be written for less than \$100. Each investment is held for a 10 business day clearing period and checks will not be paid against these funds during this time. Call Shareholder Services at 877-835-4531 to obtain a signature card or visit [www.NewCovenantFunds.com](http://www.NewCovenantFunds.com) to download a form.

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## 9. Dealer/Investment Professional Information

To be completed by Investment Professional (Broker, Investment Advisor, Financial Planner, NCF Representative, etc.)

\_\_\_\_\_  
Firm or Institution Name

\_\_\_\_\_  
Dealer Number

\_\_\_\_\_  
Branch Number

\_\_\_\_\_  
Firm or Institution Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Representative Phone Number

\_\_\_\_\_  
NCF or other Representative Name

\_\_\_\_\_  
NCF or other Representative Number

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## 10. Mailing Instructions

**Regular Mail:**

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

**Overnight Delivery:**

New Covenant Funds  
Attn: Shareholder Services  
615 East Michigan Street FL 3  
Milwaukee, WI 53202-5207  
877-835-4531

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## 11. All Accounts - Signature Certification<sup>1</sup>

I understand that, if establishing a custodial account for a minor, I (the Custodian) must meet all of the eligibility rules. I further understand that once minor reaches the age of majority, minor will continue to have full account privileges but will not be eligible to open another account through New Covenant Funds or related entities unless minor meets all of the eligibility rules.

### Predispute Arbitration

This agreement contains a predispute arbitration clause. By signing an arbitration agreement the parties agree as follows:

- (A) All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.*
- (B) Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.*
- (C) The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.*
- (D) The arbitrators do not have to explain the reason(s) for their award.*
- (E) The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.*
- (F) The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.*
- (G) The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.*

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class action who has not opted out of the class with respect to any claims encompassed by the putative class action until: (i) the class certification is denied; or (ii) the class is decertified; or (iii) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

By signing this form I certify that: I have received, read, and agree to the terms of the current prospectus of the Funds. I have the authority and legal capacity to purchase shares of the Fund(s) and I am of legal age in my state. I authorize U.S. Bancorp Fund Services, LLC, its affiliates, and the Funds to act on any instructions believed to be genuine for any service authorized on this form. I agree that they will not be liable for any resulting loss or expense.

**Substitute W-9:** Under penalties of perjury, I certify that the number shown on this application is my social security number/the organization's correct taxpayer identification number. I further certify that I am/the organization is a U.S. person (including a U.S. 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 that I am/it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me/the organization that I am/it is no longer subject to backup withholding. The Internal Revenue Service 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.*

**This agreement contains a predispute arbitration clause as stated on page 4. By signing below, I hereby acknowledge the receipt of this information and I will retain this information for my records.**

- ***For churches or other Presbyterian entities that do not have an existing New Covenant Funds relationship - New account applications must be accompanied by Session Minutes or a Corporate Resolution.***
- ***For Corporations - New account applications must be accompanied by a Corporate Resolution which includes the names of those authorized to act upon the account.***

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Signature of Owner, Trustee, or Custodian

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Date

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Signature of Joint Owner (if any)

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**12. Please make sure that you have completed the following:**

- If you are an Presbyterian Organization**, complete the Authorized Traders Form on page 6. New Covenant Funds allows up to four authorized traders per account.
- Did you remember** to sign the Application - Section 12 above.
- Make checks payable to:** New Covenant Funds.
- Mail to:** New Covenant Funds, Attn: Shareholder Services, P.O. Box 701, Milwaukee, WI 53201-0701

Attach a voided check here if you completed Section 5 or 6. Thank you.

# Authorized Traders Form

**For churches, synods, and presbyteries:** Please complete this form whenever there is a change to the authorized trader(s) for your New Covenant Funds account(s). You must submit a new form with all signatures if there is an addition or deletion to the authorized trader(s). The Funds allow up to four authorized traders per account. For assistance with this form, please contact Shareholder Services at 877-835-4531.

This form requires the signature of your Stated Clerk or Clerk of Session.

If the Stated Clerk is also an authorized signer, there must be at least one additional signature for authorizing transactions. New Covenant Funds and/or its distributor may rely upon this authorization until notified of any changes.

## Signature Information

Number of signatures required for authorizing transactions (If no box is checked, one signature will be assumed:  1  2  3  4

Authorized signatures apply to:  All Accounts  
 The following accounts: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

|  |               |                |     |
|--|---------------|----------------|-----|
| Name #1 (Print)  | Signature     | Date           |     |
| Residential Address  | City          | State          | Zip |
| Social Security Number   | Date of Birth | E-mail Address |     |
| <input type="checkbox"/> Check here if we may communicate with you via email to make you aware of products or services provided by us or one of our affiliates that may be of interest to you and to provide you with news updates. We will never sell your email address or provide it to anyone other than our affiliates. |               |                |     |

|  |               |                |     |
|--|---------------|----------------|-----|
| Name #2 (Print)  | Signature     | Date           |     |
| Residential Address  | City          | State          | Zip |
| Social Security Number   | Date of Birth | E-mail Address |     |
| <input type="checkbox"/> Check here if we may communicate with you via email to make you aware of products or services provided by us or one of our affiliates that may be of interest to you and to provide you with news updates. We will never sell your email address or provide it to anyone other than our affiliates. |               |                |     |

|  |               |                |     |
|--|---------------|----------------|-----|
| Name #3 (Print)  | Signature     | Date           |     |
| Residential Address  | City          | State          | Zip |
| Social Security Number   | Date of Birth | E-mail Address |     |
| <input type="checkbox"/> Check here if we may communicate with you via email to make you aware of products or services provided by us or one of our affiliates that may be of interest to you and to provide you with news updates. We will never sell your email address or provide it to anyone other than our affiliates. |               |                |     |

|  |               |                |     |
|--|---------------|----------------|-----|
| Name #4 (Print)  | Signature     | Date           |     |
| Residential Address  | City          | State          | Zip |
| Social Security Number   | Date of Birth | E-mail Address |     |
| <input type="checkbox"/> Check here if we may communicate with you via email to make you aware of products or services provided by us or one of our affiliates that may be of interest to you and to provide you with news updates. We will never sell your email address or provide it to anyone other than our affiliates. |               |                |     |

I certify that each of the persons listed above has been authorized to request and receive account information and/or to conduct all account activity on behalf of the New Covenant Fund accounts registered in our name.

|  |                   |      |
|--|-------------------|------|
| Stated Clerk or Clerk of Session Signature | Please Print Name | Date |
|--|-------------------|------|