



Entity Account Application

Please do not use this form for IRA accounts

Mail to: New Covenant Funds
 c/o U.S. Bank Global Fund Services
 PO Box 701
 Milwaukee, WI 53201-0701

Overnight Express Mail To: New Covenant Funds
 c/o U.S. Bank Global Fund Services
 615 E. Michigan St., FL3
 Milwaukee, WI 53202-5207

>> 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. Investor Information | Select one

C Corporation

Partnership

Limited Liability Company

S Corporation

Other Entity

Exempt Organization

NAME OF CORPORATION / PARTNERSHIP AND STATE OF ORGANIZATION

TAX ID NUMBER

NAME OF ACCOUNT

Check here if you are a government entity or affiliated with a government entity.

You must supply documentation to substantiate the existence of your organization. (e.g., Articles of Incorporation/Formation/ Organization, Partnership Agreement, or other official documents.)

For churches, session minutes or charter with IRS exemption letter are required to establish an account.

Remember to include an Authorized Traders Form detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

2. Beneficial Owner Information

Please complete the table below for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more of the equity interests of the Legal Entity listed in section 1.** If no individuals meet this criteria, please leave the table blank to certify this requirement does not apply for the Legal Entity.

Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed within the table (ex. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.).

For Foreign Persons: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

	Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Persons)	Passport Number and Country of Issuance (For Foreign Persons)
1					
2					
3					
4					

3. Controller Information

Please complete the table below with the requested information for **one** individual with significant responsibility for managing the Legal Entity listed in section 1, such as an executive officer or senior manager (ex. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or any other individual who regularly performs similar functions (a beneficial owner named in section 2 can be listed here if appropriate).

For a Foreign Person: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Person)	Passport Number and Country of Issuance (For Foreign Person)

4. Address

Physical Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

STREET		APT / SUITE
CITY	STATE	ZIP CODE
PHONE NUMBER		

E-MAIL ADDRESS

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME		
NAME		
STREET	APT / SUITE	
CITY	STATE	ZIP CODE

Mailing Address* (if different from Permanent Address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET		APT / SUITE
CITY	STATE	ZIP CODE

* A P.O. Box may be used as the mailing address.

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME		
NAME		
STREET	APT / SUITE	
CITY	STATE	ZIP CODE

5. Cost Basis Method

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation.** If you do not elect a Cost Basis Method, your account will default to Average Cost.

Primary Method (Select only one)

- Average Cost** – averages the purchase price of acquired shares
 - First In, First Out** – oldest shares are redeemed first
 - Last In, First Out** – newest shares are redeemed first
 - Low Cost** – least expensive shares are redeemed first
 - High Cost** – most expensive shares are redeemed first
 - Loss/Gain Utilization** – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
 - Specific Lot Identification** – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)
- Secondary Method – applies only if Specific Lot Identification was elected as the Primary Method (Select only one)
- First In, First Out
 - Last In, First Out
 - Low Cost
 - High Cost
 - Loss/Gain Utilization

Note: If a Secondary Method is not elected, First In, First Out will be used.

6. Investment and Distribution Options

- By check:** Make check payable to the New Covenant Funds.

Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

- By wire:** Call 877-835-4531.

Note: A completed application is required in advance of a wire.

	Investment Amount \$500 Minimum	Capital Gains		Dividends	
		Reinvest	Cash*	Reinvest	Cash*
<i>If nothing is selected, capital gains and dividends will be reinvested.</i>					
<input type="checkbox"/> New Covenant Balanced Income Fund 1102	\$ <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New Covenant Balanced Growth Fund 1103	\$ <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New Covenant Income Fund 1104	\$ <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New Covenant Growth Fund 1105	\$ <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Federated Hermes Treasury Obligations Fund 1107	\$ <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***If cash distribution should be paid, please select one:** Check to Address of Record ACH to Bank of Record

Valid Voided Check or Savings Deposit Slip Needed

7. Telephone Options

You have the ability to make telephone purchases*, redemptions* or exchanges per the prospectus by checking the box below. See the prospectus for minimum and maximum amounts.

* You must provide bank instructions and a voided check or savings deposit slip in the Bank Information section.

I accept telephone transaction privileges.

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

8. Bank Information

If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund, or pass-through ("for further credit") accounts.

In addition, if a voided check, bank instructions will be added to the account, for future trades. Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
⑆ 2 3 4 5 6 7 8 ⑆	⑆ 2 3 4 5 6 7 8 9 6 7 8 ⑆

9. Check Redemption Option

You must complete an Authorized Traders form for the account. Only an authorized traders may write against the account. Fund checks cannot be written for less than \$100. Checks will be mailed within ten business days after your account is opened.

Federated Hermes Treasury Obligations Fund

By checking the box above, I/We authorize U.S. Bank to honor these share drafts and to redeem sufficient shares in my account to cover payment of such checks. I/ We understand that: (1) this privilege may be terminated at any time by the fund or the bank and that neither shall incur any liability for loss or expense or cost to me for honoring checks, or for effecting redemptions to pay checks, or for returning checks which have not been accepted; (2) I/we certify that each of the statements set forth on the application are true and accurate.

10. E-Delivery Options

I would like to:

Receive statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish on-line access to your account, which you may do once your account has been established by visiting www.newcovenantfunds.com.

Please note, you must provide your email address in Section 4 to enroll in eDelivery.

11. Signature and Certification Required by the Internal Revenue Service

✓ I have received and understand the prospectus for the New Covenant Funds (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase.

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

✓ **Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)**

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

✓ I hereby certify that to the best of my knowledge, the information provided about me, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.

PRINTED NAME OF AUTHORIZED SIGNER OR CLERK OF SESSION

SIGNATURE OF AUTHORIZED SIGNER OR CLERK OF SESSION

DATE (MM/DD/YYYY)

PRINTED NAME OF AUTHORIZED SIGNER OR CLERK OF SESSION

SIGNATURE OF AUTHORIZED SIGNER OR CLERK OF SESSION

DATE (MM/DD/YYYY)

12. Dealer Information

DEALER NAME

DEALER'S ID

BRANCH ID

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

REPRESENTATIVE'S ID

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS

CODE

CITY / STATE / ZIP

TELEPHONE NUMBER



Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Tax ID Number in Section 1?
 - Permanent street address in Section 4?
- Enclosed your personal check made payable to the New Covenant Funds?
- Included a voided check or a savings deposit slip, if applicable?
- Signed your application in Section 11?
- Enclosed additional documentation, if applicable?

For additional information please call toll-free 877-835-4531 or visit us on the web at www.newcovenantfunds.com.

Beneficial Ownership Exclusions and Exemptions

Exclusions from the Definition of Legal Entity Customer:

The Rule excludes from the definition of legal entity customer certain entities that are subject to Federal or State regulations and for which information about their beneficial ownership and management is available from the Federal or State agencies, such as:

- Financial institutions regulated by a Federal functional regulator or a bank regulated by a State bank regulator;
- A department or agency of the United States, of any State, or of any political subdivision of a State;
- Any entity established under the laws of the United States, or any State, or of any political subdivision of any State, or under an interstate compact;
- Any entity (other than a bank) whose common stock or analogous equity interests are listed on the New York, American, or NASDAQ stock exchange;
- Any entity organized under the laws of the United States or of any State at least 51% of whose common stock or analogous equity interests are held by a listed entity;
- Issuers of securities registered under section 12 of the Securities Exchange Act of 1934 (SEA) or that is required to file reports under 15(d) of that Act;
- An investment company, as defined in section 3 of the Investment Company Act of 1940, registered with the U.S. Securities and Exchange Commission (SEC);
- An SEC-registered investment adviser, as defined in section 202(a)(11) of the Investment Advisers Act of 1940;
- An exchange or clearing agency, as defined in section 3 of the SEA, registered under section 6 or 17A of that Act;
- Any other entity registered with the SEC under the SEA;
- A registered entity, commodity pool operator, commodity trading advisor, retail foreign exchange dealer, swap dealer, or major swap participant, defined in section 1a of the Commodity Exchange Act, registered with the Commodity Futures Trading Commission;
- A public accounting firm registered under section 102 of the Sarbanes-Oxley Act.
- A bank holding company, as defined in section 2 of the Bank Holding Company Act of 1956 (12 USC 1841) or savings and loan holding company, as defined in section 10(n) of the Home Owners' Loan Act (12 USC 1467a(n));
- A pooled investment vehicle operated or advised by a financial institution excluded from the definition of legal entity customer under the final CDD rule;
- An insurance company regulated by a State;
- A financial market utility designated by the Financial Stability Oversight Council under Title VIII of the Dodd-Frank Wall Street Reform and Customer Protection Act of 2010;
- A foreign financial institution established in a jurisdiction where the regulator of such institution maintains beneficial ownership information regarding such institution;
- A non-U.S. governmental department, agency or political subdivision that engages only in governmental rather than commercial activities; and
- Any legal entity only to the extent that it opens a private banking account subject to 31 CFR 1010.620.

Exemptions from the Ownership Prong:

Certain legal entity customers are subject only to the control prong of the beneficial ownership requirement, including:

- A pooled investment vehicle operated or advised by a financial institution not excluded under paragraph 31 CFR 1010.230(e)(2); and
- Any legal entity that is established as a nonprofit corporation or similar entity and has filed its organizational documents with the appropriate state authority as necessary.



Authorized Traders Form

Mail to: New Covenant Funds
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: New Covenant Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

For congregations, 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 Client Services at 800-858-6127.

1 Organization Information

<input type="text"/>		<input type="text"/>
NAME OF ORGANIZATION		TAXPAYER IDENTIFICATION NUMBER
<input type="text"/>		<input type="text"/>
STREET		APT / SUITE
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE

2 Signature Information

Authorized signature apply to:

- All accounts
- The following accounts:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Number of signatures required for authorizing transactions: 1 2 3 4

Please complete the signature blocks on the reverse side of this page.

3 Signature

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. The Funds and/or its distributor may rely upon this authorization until notified of any changes.

All fields must be completed.

<input type="text"/>	<input type="text"/>	
<i>NAME - PRINT</i>	<i>SIGNATURE</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>SOCIAL SECURITY NUMBER</i>	<i>DATE OF BIRTH</i>	<i>PHONE NUMBER</i>
<input type="text"/>		
<i>EMAIL ADDRESS</i>		

<input type="text"/>	<input type="text"/>	
<i>NAME - PRINT</i>	<i>SIGNATURE</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>SOCIAL SECURITY NUMBER</i>	<i>DATE OF BIRTH</i>	<i>PHONE NUMBER</i>
<input type="text"/>		
<i>EMAIL ADDRESS</i>		

<input type="text"/>	<input type="text"/>	
<i>NAME - PRINT</i>	<i>SIGNATURE</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>SOCIAL SECURITY NUMBER</i>	<i>DATE OF BIRTH</i>	<i>PHONE NUMBER</i>
<input type="text"/>		
<i>EMAIL ADDRESS</i>		

<input type="text"/>	<input type="text"/>	
<i>NAME - PRINT</i>	<i>SIGNATURE</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>SOCIAL SECURITY NUMBER</i>	<i>DATE OF BIRTH</i>	<i>PHONE NUMBER</i>
<input type="text"/>		
<i>EMAIL ADDRESS</i>		

I certify that each persons listed above has been authorized.

<input type="text"/>	<input type="text"/>
<i>STATED CLERK SIGNATURE OR CLERK OF SESSION</i>	<i>DATE</i>
<input type="text"/>	
<i>PLEASE PRINT NAME</i>	