



Please mail this form to:
 GREEN CENTURY FUNDS
 P.O. Box 6110
 Indianapolis, IN 46206-6110

An investment for your future.

EDUCATION SAVINGS ACCOUNT TRANSFER REQUEST FORM

Use this form to authorize the transfer of assets from your existing Education Savings Account to a GREEN CENTURY EDUCATION SAVINGS ACCOUNT. If you have questions on how to complete this form, please call 1-800-221-5519, Monday through Friday, 9:00 a.m. to 5:00 p.m. (Eastern Time).

NAME AND ADDRESS of DESIGNATED BENEFICIARY

NAME _____			DATE OF BIRTH _____/_____/_____
ADDRESS _____			SOCIAL SECURITY NUMBER _____
CITY _____	STATE _____	ZIP _____	(_____) _____
			DAYTIME TELEPHONE _____

NAME AND ADDRESS of RESPONSIBLE INDIVIDUAL

NAME _____			SOCIAL SECURITY NUMBER _____
ADDRESS _____			(_____) _____
CITY _____	STATE _____	ZIP _____	DAYTIME TELEPHONE _____

TRUSTEE/CUSTODIAN

NAME OF CURRENT EDUCATION SAVINGS ACCOUNT TRUSTEE OR CUSTODIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EDUCATION SAVINGS ACCOUNT NUMBER(S) WITH CURRENT TRUSTEE/CUSTODIAN _____

TRANSFER INSTRUCTIONS

Amount to be transferred:

Liquidate and transfer all assets from the above account. Liquidate and transfer \$_____ from the above account.

Date when transfer should be effective:

Transfer should be effective immediately. Transfer should be effective as of the maturity date of ____/____/____

INVESTMENT SELECTION

Minimum initial investment is \$500 per fund. The proceeds to be transferred should be invested in the following fund(s):

FUND NAME	PERCENTAGE OF TRANSFERRED ASSETS	IF EXISTING ACCOUNT, WRITE THE ACCOUNT NUMBER	IF NEW ACCOUNT, PLEASE CHECK*
Green Century Balanced Fund	_____ %	_____	<input type="checkbox"/>
Green Century Equity Fund	_____ %	_____	<input type="checkbox"/>

*For new accounts, also enclose a completed Green Century Education Savings Account Registration Form.

SIGNATURE AND CERTIFICATION OF RESPONSIBLE INDIVIDUAL

The undersigned certifies to the transferring Education Savings Account custodian or trustee that an Education Savings Account Custodial Account which meets the requirements of Internal Revenue Code Section 530 has been established to which assets will be transferred, and certifies to Unified Financial Securities, Inc. that the Education Savings Account from which assets are being transferred meets the requirements of Internal Revenue Code Section 530. The undersigned further certifies that the Designated Beneficiary of the new Education Savings Account is the same person as, or is a family member (as defined in Code Section 529(e)(2)) of, the Designated Beneficiary of the transferring Education Savings Account.

SIGNATURE OF RESPONSIBLE INDIVIDUAL _____ DATE _____/_____/_____

Signature Guarantee Stamp if Required by Your Current Education Savings Account Custodian.

ACCEPTANCE BY CUSTODIAN *To be completed by Unified Financial Securities, Inc.*
 The above Education Savings Account Transfer is accepted by Unified Financial Securities, Inc. as Custodian.

AUTHORIZED SIGNATURE _____ DATE _____/_____/_____