
NEW ALTERNATIVES FUND, INC.

NEW ACCOUNT APPLICATION

Mail Completed Form and Check to:

New Alternatives Fund, Inc.
c/o BNY Mellon Investment Servicing (US) Inc.
P.O. Box 9794
Providence, RI 02940

Phone (800) 423-8383 for General Inquiries

Phone (800) 441-6580 for Individual
Account Inquiries

Overnight Mail: New Alternatives Fund, Inc., c/o BNY Mellon Investment Servicing (US) Inc., 4400 Computer Drive, Westborough, MA 01581-1722

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account we ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see other identifying documents.

I hereby remit \$_____ (\$2,500.00 minimum) to be applied toward the purchase of shares and fractions thereof of New Alternatives Fund, Inc. (For IRA's see separate application). Please register the shares as follows:

(Please Print or Type Clearly)

1. ACCOUNT REGISTRATION (check one)

Individual _____ /_____/_____
First Name Middle Initial Last Name Date of Birth: (M/D/Year)

Social Security Number _____

Joint Tenants:

Tenant A: _____ /_____/_____
First Name Middle Initial Last Name Date of Birth: (M/D/Year)

Tenant A: Social Security Number _____

Tenant B: _____ /_____/_____
First Name Middle Initial Last Name Date of Birth: (M/D/Year)

Tenant B: Social Security Number _____

Gift to Minors _____ /_____/_____
First Name of Custodian Middle Initial Last Name Date of Birth: (M/D/Year)

Social Security Number _____ Under the State of _____ UGMA/UTMA.

_____/_____/_____
First Name of Minor Middle Initial Last Name Minor's Date of Birth: (M/D/ Year)

Minor's Social Security Number _____

Duplicate Statement Mailing Address

City

State

Zip Code

3. TELEPHONE INFORMATION

Home (____)_____ Office (____)_____ E-mail (optional)_____

4. EMPLOYER (if any):_____

(Name/Address requested by regulatory authorities)

5. COST BASIS ELECTION

The New Alternatives Fund is responsible for tracking and reporting to the IRS your realized gains and losses on covered Shares. In general, these are shares acquired on or after January 1, 2012.

The New Alternatives Fund's **default** tax lot identification method is **FIFO (first-in, first-out)**, which means the first Fund shares you acquire are the first Fund shares sold.

Note: IRS Regulations do not permit the change of the method on a settled trade.

FI - I choose the Fund's default method of **FIFO***

AC -I choose the Average Cost method

SL - I choose the Specific Lot Identification method (Shareholder must choose lot at time of redemption.)

** If no option is selected above, your account will use the Fund's default method of FIFO.*

6. AUTOMATIC INVESTMENT PLAN (Bank Account only)

I have read the terms and conditions of the Automatic Investment Plan set forth in the Prospectus. I wish to invest on a monthly/quarterly basis, directly from my checking/savings account into the New Alternatives Fund. This form must be received 15 business days prior to the first selected draft date. Please **attach a voided check** and designate the amount you would like invested each month/quarter \$_____ (\$50 minimum).

Monthly **Quarterly** (check one) To begin on the 10th, 15th, 20th (circle one) of the period.

7. SIGNATURE AND CERTIFICATION TO AVOID BACKUP WITHHOLDING

I have received a copy and read the New Alternatives Fund's current Prospectus. I understand that dividends and distributions will be reinvested in additional shares unless payment in cash is requested in writing.

Under penalties of perjury, I certify that:

1. The social security or other taxpayer identification number entered on this form is correct, and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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

X _____
Signature of Applicant/Date

X _____
Signature of Joint Owner, if any/Date

8. HOUSEHOLDING CONSENT. I hereby consent to the delivery of a single copy of the New Alternatives Fund's financial reports, prospectuses, proxy statements and other similar documents to all investors with whom I share an address and who either have my same last name or are a member of my family.

X _____
Signature of Applicant/Date

X _____
Signature of Joint Owner, if any/Date

This section to be completed by Broker/Dealer or Investment Advisor - If applicable

Firm's Name

Representative's/Advisor's Name ()
Number

Firm's Address/Phone Number

Authorized Signature