



# New Alternatives Fund

## NEW ALTERNATIVES FUND NEW ACCOUNT APPLICATION

Note: 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 \$\_\_\_\_\_ \* to be applied toward the purchase of shares and fractions thereof of New Alternatives Fund (For IRA's see separate application). Please apply to the purchase of **(check one)**:

- Class A Shares (Fund 320)
- Investor Shares (Fund 420)

\*Class A Shares require an initial minimum investment of \$2,500. Investor Shares require an initial minimum investment of \$3,500.

Please register the shares as follows:  
(Please type or print clearly)

### 1. ACCOUNT REGISTRATION (check one)

#### Individual:

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) / /

#### Joint Tenants:

Tenant A:

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth:(mm/dd/yyyy) / /

Tenant B:

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth:(mm/dd/yyyy) / /

#### Gift to Minors:

Custodian Name: \_\_\_\_\_

Custodian Social Security Number: \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) / /

Under the State of \_\_\_\_\_ UGMA/UTMA

Minor Name: \_\_\_\_\_

Minor Social Security Number: \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) / /

#### Trust Account: Please provide documents to verify the existence of the entity such as the trust agreement. Only first page and signature page of a trust is needed.

Name of Trust: \_\_\_\_\_

Name of Trustee: \_\_\_\_\_

Trustee Social Security Number: \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) / /

Date of Trust: \_\_\_\_\_ Trust's Tax Identification Number: \_\_\_\_\_

**Corporation, Partnership or Other Entity:** Required Documentation — A copy of one of the following: Certified articles of incorporation, government-issued business license, partnership agreement, (for clubs/associations) documentation verifying the existence of the entity. Applicants must also fill out “Certification Regarding Beneficial Owners of Legal Entity Customers” form.

TYPE OF ENTITY (taxable):  S Corporation  C Corporation  Estate  Partnership

Name of Corporation, Partnership or Other Entity: \_\_\_\_\_

Taxpayer Identification Number: \_\_\_\_\_

Authorized Signer(s): \_\_\_\_\_

Auth. Signer Date of Birth: \_\_\_\_\_

Auth. Signer Social Security Number: \_\_\_\_\_

**Other:** Please check if the account is an omnibus position and provide the name of the entity that has entered into an agreement with the Fund and/or the Distributor pursuant to Rule 22c2.

Name of Entity: \_\_\_\_\_

## FOR ALL INDIVIDUALS, JOINT OWNERS, GIFTS TO MINORS, TRUSTS, CORPORATIONS, ETC.:

**CITIZENSHIP:**  U.S. Citizen  Resident Alien  Non-Resident Alien

When there is one or more persons named for joint tenants, minors, trusts or corporations, provide the above information for all persons. If there is more than one authorized signer, please provide the information on a separate sheet and provide citizenship and related identification data for each.

## FOR NON-RESIDENT ALIEN(S):

Government Issued ID Number: \_\_\_\_\_

Government ID Type (Passport, NRA Registration, etc): \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

**For all types of accounts, please fill out sections 2 through 8.**

## 2. MAILING ADDRESS

Street Address (P.O. Box is not acceptable) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

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

Joint Tenant or Minor's Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

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

Duplicate Statement Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

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

## 3. TELEPHONE INFORMATION

Cell Phone: ( ) \_\_\_\_\_

Alternate Telephone: ( ) \_\_\_\_\_

## 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- First-in, First-out method\*

AC- Average Cost method

SL- 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.

Please consider consulting with your Tax Advisor, CPA, and/or Financial Planner to decide which option is best for you.

## 6. DISTRIBUTION OPTIONS

Please select how you would prefer dividends and capital gains to be distributed. If no selection is made dividends and capital gains will be reinvested in additional shares of the Fund.

Dividends:  Reinvest  Cash

Capital Gains:  Reinvest  Cash

## 7. 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 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup> (circle one) of the period.

## 8. 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.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding,
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

### Certification Instructions:

You must cross out item 2 above if you have 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 \_\_\_\_\_ X \_\_\_\_\_  
Signature of Applicant/ Date 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: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_  
Firm's Address: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_

### Please mail completed form and check to:

#### First Class Mail:

New Alternatives Fund  
P.O. Box 534456  
Pittsburgh, PA 15253-4456

#### Overnight Mail:

New Alternatives Fund  
Attention: 534456  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

#### Customer Service:

1-800-441-6580  
info@newalternativesfund.com