New Alternatives Fund

ULTIMUS FUND SOLUTIONS

Automatic Investment Plan

- Use this form to establish an Automatic Investment Plan (AIP) on your account. An AIP allows you to add regularly to your mutual fund account by authorizing us to deduct money directly from your checking or savings account on a periodic basis.
- Your bank must be a member of the Automated Clearing House (ACH) to establish an AIP.

1. ACCOUNT INFORMATION

Fund Family Name

Account Number(s)

Owner's Name

Social Security Number

Date of Birth

Telephone Number

Street Address

City

State

Zip Code

2. AUTOMATIC INVESTMENT PLAN

AIP allows you to add regularly to the Fund by authorizing us to deduct money directly from your checking account every month. Your bank must be a member of the ACH network. If you choose this option, please complete and attach a voided check. The amount designated will be invested in each fund included below, at the frequency designated below. If you would like to designate different AIP amounts by fund, please do so with a separate letter of instruction, through your online account, or by calling our Shareholder Services team after the account has been established.

1. **Amount: $**

2. **Frequency** (choose one): ○ Monthly ○ Twice Monthly ○ Quarterly ○ Annually ○ Twice Annually

	Month	Day*		Month	Day*
Start Date:			Second Date (for twice options):		

*If no date is chosen, investments will be made on the 25th day of the next upcoming month or the following business day if the 25th falls on a weekend or holiday. If you already have instructions on file, this will replace your existing instructions.

*If your request is received or processed after your requested start date, the first distribution will occur on the selected day of the next upcoming month.

○ Per Model ○ Proportionately Across All Funds Owned ○ Specific Fund(s): (list below)

Fund Name	**Share Class**	**Specify Dollar Amount ($)**
	Total:	

3. BANK INFORMATION

Account Type: ○ Checking ○ Savings

Bank Account Name

Bank Account Number

Bank Name

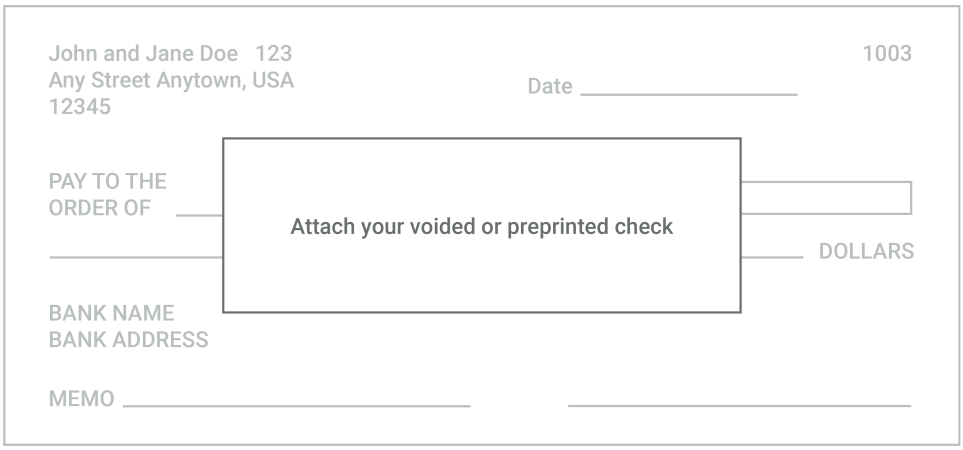
Routing Number

Bank Address

Bank Telephone

Please attach a voided check for your bank account. We are unable to update or add a new bank account unless we receive a voided check for bank verification.

Note: Temporary or starter checks are not accepted.



4. CERTIFICATIONS AND SIGNATURES

I authorize electronic funds transfers through the Automated Clearing House (ACH) for this account as indicated above. I understand that there is no charge for this service from the Fund or its transfer agent, although my bank may have charges that may apply, and I may cancel upon 30 days' written notice to the address listed on the bottom of this form. I also understand that if the automatic purchase cannot be made due to insufficient funds or another restriction placed on my account a fee will be assessed, and the Fund's transfer agent may discontinue this service to my account.

By signing below, I hereby certify and affirm that I have the authority and legal capacity to purchase shares of the Fund as indicated in this form and that the information contained herein is complete and accurate as of the date hereof. If this account is an IRA, I understand that all contributions will be coded as current year. I have received and read a current prospectus, agree to be bound by its terms and understand the risks associated with investing. This AIP service may be discontinued by the account holder upon 30 days written notice or by phone.

Signature of Owner

Date

Signature of Joint Owner (if applicable)

Date

5. MAILING INSTRUCTIONS

Please send completed form to:

Regular Delivery
New Alternatives Fund
c/o Ultimus Fund Solutions, LLC
P.O Box 46707
Cincinnati, OH 45246

Overnight Delivery
New Alternatives Fund
c/o Ultimus Fund Solutions, LLC
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

Fax
1-877-513-0756