

Return completed form to:
 Boston Trust Walden Funds
 P.O. Box 182198
 Columbus, OH 43218-2198
 For assistance, call 1-888-248-1954



**BOSTON TRUST WALDEN FUNDS
 ACCOUNT MAINTENANCE FORM**

Shares of Boston Trust Walden Funds:

- Are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other government agency.
- Are not deposits or other obligations of, or guaranteed by, Boston Trust Walden Company or any of its affiliates.
- Are subject to investment risks, including possible loss of the principal amount invested.

Instructions

• Please complete Section 1. Please also check the appropriate box below and complete the corresponding section. Please note sections designated with an asterisk (*) require signature guarantee to be completed.

<input type="checkbox"/> Change of Address/Name (Section 2)		<input type="checkbox"/> ACH* (Section 7)
<input type="checkbox"/> Distribution Options (Section 3)	<input type="checkbox"/> Systematic Withdrawal Plan* (Section 6)	<input type="checkbox"/> Interested Party (Section 8)
<input type="checkbox"/> Telephone Authorization (Section 4)	<input type="checkbox"/> Wire Instructions* (Section 7)	

1. Current Account Information

Owner, Custodian or Trustee Name

Fund Investor Account Number

Social Security Number

2. Name/Address Change

- New Name (requires Notary and supporting documents): _____
- New Mailing Address (there will be a 14 calendar day hold on liquidations after an address change): _____

Street _____ City _____ State _____ Zip _____

3. Distribution Option

To receive your distributions

Your dividends and capital gains will automatically be reinvested into your account unless you indicate otherwise. If you choose the Cash Payment Option and do not specify, a check will be sent to address of record.

- Reinvest dividends and capital gains
- Pay capital gains to me by check or by ACH (attach voided check to establish)
- Pay dividends to me by check or by ACH (attach voided check to establish)

4. Telephone Authorization

I understand the Fund and its Agents may act on instructions received by telephone to redeem, purchase, and/or exchange shares unless I opt out of telephone privileges. Exchanged shares must occur between identically registered accounts within the Funds. Tax identification of the two accounts must be identical.

- I opt out of telephone privileges.

7. Change in Interested Party

Add Delete Forward duplicate statements Yes No

Name

Address

Daytime Phone

8. Signature

By signing this form, I authorize the Funds, their affiliates and agents to act on any instruction believed to be genuine for any service authorized on this form. I agree that they will not be liable for any resulting loss or expense. All services are subject to conditions set forth in each Fund's current prospectus. If you need a signature guarantee, you must sign in front of the banker or broker. All mutual fund account owners must sign.

X		X	
Signature	Date	Signature	Date
X		X	
Signature	Date	Signature	Date

9. Signature Guarantee

To protect you and the Funds against fraud, your signature(s) must be Medallion Signature Guaranteed by an "eligible" guarantor. To obtain a Medallion Signature Guarantee, please have all account owners sign this form in the presence of an authorized officer of an eligible guarantor institution. You should verify with the institution that they are an acceptable (eligible) guarantor, as defined by the Federal Deposit Insurance Act, prior to signing. **Notaries Public are not acceptable providers of Medallion Signature Guarantees.**

NAME OF BANK OR BROKER

AUTHORIZED SIGNATURE

STAMP