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
Principled Investing.

NEW ACCOUNT APPLICATION

Shares of the 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.

PLEASE READ THE PROSPECTUS CAREFULLY BEFORE YOU INVEST OR SEND MONEY

1. Account Registration

A. Type of Registration (check one)

☐ Individual	☐ Nonprofit*
☐ Joint Tenants With Rights Of Survivorship	☐ Estate
☐ Trust*	☐ Corporation*
☐ Other (Specify)*_____	

*If you are opening a new account on behalf of a legal entity, you must complete the Legal Entity Beneficial Ownership Certification section. The legal entity must be established and located in the United States. Attach a copy of the appropriate bylaws, corporate resolutions, a list of authorized traders or trust documents establishing authority to open this account. In addition, provide a copy of the IRS Issuance Letter for your Employer Identification or Tax Identification Number. If any such agreements or resolutions are not in existence, please contact Boston Trust Walden Funds at 1-888-248-1954 for further assistance.

B. Account Name

Individual (Legal Name: First/Middle/Last)	**Date of Birth**	**Social Security Number**
Joint Owner – if any (Legal Name: First/Middle/Last)	**Date of Birth**	**Social Security Number**
Name of Custodian (only one) as custodian for:	**Custodian's Date of Birth**	**Custodian's Social Security Number**
Name of Trust/Corporation/Partnership/Other Entity	**Date of Trust**	**Tax ID Number**
Name of Trustee(s)	**Trust Date**	

C. Account Information

Street Address: Number and Street	**Apt#**	**State**	**Zip Code**
Mailing Address (If different than above)	**Apt#**	**State**	**Zip Code**

Daytime Telephone Number	**Evening Telephone Number**	**Email Address**

For joint accounts, please provide the street address for additional owners, if different from the primary address.

Street Address: Number and Street	**Apt#**	**State**	**Zip Code**
Mailing Address (If different than above)	**Apt#**	**State**	**Zip Code**

Daytime Telephone Number	**Evening Telephone Number**	**Email Address**

Citizenship

☐ **U.S. Citizen – Provide copy of one of the following:**

State Driver's License: State _____ # _____ exp. date _____/ _____/ _____

Passport: Country _____ # _____ exp. date _____/ _____/ _____

U.S. Military ID: Branch _____# _____ exp. date _____/ _____/ _____

☐ **Resident Alien**

Resident Alien Card #_____exp. date _____/ _____/ _____

2. Fund Selection

If you wish to invest in more than one fund, be sure to indicate the amount you wish to invest in each fund. Please make check payable to Boston Trust Walden Funds. You may invest only in a fund for which you have a current prospectus.

Fund Name	Ticker	TA Fund #	Investment Minimum	Investment Amount
Boston Trust Asset Management Fund	BTBFX	102	$100,000	$
Boston Trust Equity Fund	BTEFX	103	$100,000	$
Boston Trust Midcap Fund	BTMFX	101	$100,000	$
Boston Trust SMID Cap Fund	BTSMX	104	$1,000,000	$
Boston Trust Walden Balanced Fund	WSBFX	202	$100,000	$
Boston Trust Walden Equity Fund	WSEFX	200	$100,000	$
Boston Trust Walden Midcap Fund	WAMFX	101	$100,000	$
Boston Trust Walden Small Cap Fund	BOSOX	100	$100,000	$
Boston Trust Walden SMID Cap Fund	WASMX	204	$100,000	$
Boston Trust Walden International Equity Fund	WIEFX	205	$1,000,000	$
			Total	$ 0

The payment method I have chosen is:

☐ By check. **Starter checks are not allowed.**

Make check payable to: Boston Trust Walden Funds

Mail to: P.O. Box 182198, Columbus, OH 43218-2198

☐ By wire: Call 1-888-248-1954 to obtain account number and wire instructions.

3. Redemption Options

A. Telephone Redemptions and Exchanges (If left blank, you will automatically receive telephone privileges.)

I elect the telephone privileges as described in the prospectus. ☐ Yes ☐ No

B. Check Redemptions

Redemptions by check will only be mailed to the address of record.

C. Wire or ACH Redemptions

Redemptions by wire or ACH will only be sent to the bank of record specified on this application. **Please attach a voided (no starter checks) check to this application.** If you are unsure of your wiring instructions, please contact your financial institution. In order to add instructions after an account has been established, you must provide the instructions with a signature guarantee. (Attach additional information if necessary.)

☐ Wire ☐ ACH

Name of Bank	**Bank Account Registration**
City, State, Zip Code	**Bank Account Number**
ABA Routing Number (Must be 9 Digits and U.S. based bank)	**For Further Credit (If applicable)**

D. Distribution Selection (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.)

Distribution Options	Reinvest	Cash	Directed	Cash Payment Method
Dividends	☐	☐	☐ Account #:	☐ ACH (Bank of Record)
Capital Gains	☐	☐	☐ Account #:	☐ Check (Sent to address of record)

4. Account Options

A. Systematic Withdrawal Plan.

This is available for accounts with a value of $50,000 or more (minimum payment $500).
I would like the plan to begin the month of _____20_____.

Please have the amount(s) indicated below:

☐ Deposited to my bank account. (Complete section 3C.)
☐ Mailed to me by check at the address indicated in Section 1.

Fund Name: Dollar Amount:	☐ Monthly ☐ Quarterly ☐ Annually	Fund Name: Dollar Amount:	☐ Monthly ☐ Quarterly ☐ Annually

B. Cost Basis Tax Reporting Election

Boston Trust Walden Funds have elected Highest Cost as the default cost basis method. You are not required to use Highest Cost as your default method. You may choose an alternate method from the list below.

Please check only one box below for your selection to be valid. If you do not make a selection or make multiple selections, your account will default to Highest Cost. We recommend that you review these options with your tax advisor before making a selection.

☐ Specific ID – specific share lot provided by shareholder
☐ FIFO – First In, First Out
☐ LIFO – Last In, Last Out
☐ HIFA – Highest Cost In, First Out – Uses all lots (Short-Term (ST) and Long Term (LT))
☐ LOFA – Lowest Cost In, First Out – Uses all lots (ST) and (LT)
☐ HIFL – Highest Cost In, First Out – Uses LT lots first, then ST lots (DEFAULT)
☐ HIFS – Highest Cost In, First Out – Uses ST lots first, then LT lots
☐ LOFL – Lowest Cost In, First Out – Uses LT lots first, then ST lots
☐ LOFS – Lowest Cost In, First Out – Uses ST lots first, then LT Lots

C. Duplicate Statements & Confirmations. (Optional, at your discretion) (Unless indicated, duplicate statements and confirmations will be sent to address below.)

Please send duplicate ☐ statements and/or ☐ confirmations to:

Name	Company		
Address	**City**	**State**	**Zip Code**

D. Trusted Contact If you are a senior investor and would like to designate a trusted contact, fill out the following section.

Name			
Street Address: Number and Street	**City**	**State**	**Zip Code**

Daytime Telephone Number	Evening Telephone Number

5. Your Signature (All registered shareholders must sign)

Important Information About Procedures For Opening a New Account

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. You must be a US Citizen or a US Resident Alien residing in the United States or a US Territory to open an account. When you open an account, you are required to provide your name, residential address, date of birth, and identification number. We may require other information that will allow us to identify you.

I have received and read the current prospectus(es) and privacy notice of the fund(s) selected, and this Account Registration Form, and agree to be bound by their terms.

I certify, under penalties of perjury that:

1) The taxpayer identification number shown on this application is correct (or I am waiting for a number to be issued to me); and

2) I am NOT subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding because of failure to report all interest and dividends. (CROSS OUT the word "NOT" above if you have received IRS notification.); and

3) I am a U.S. Person (including a U.S. Resident alien).

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

BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THE TERMS AND CONDITIONS GOVERNING THIS ACCOUNT AND AGREE TO BE BOUND BY SUCH TERMS AND CONDITIONS AS ARE CURRENTLY IN EFFECT AND AS MAY BE AMENDED FROM TIME TO TIME, AND I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE DISCLOSURE WITH RESPECT TO NON-DEPOSIT INVESTMENT PRODUCTS AT THE INTRODUCTION TO THIS AGREEMENT.

Signature	Date
Signature	**Date**

Joint Tenants Treatment: Tenancy in common: In the event of the death of either joint holder, each shall be considered to have an equal share in the assets of the Account and upon instructions from the personal representative of the deceased, the Transfer Agent shall transfer such portion as so instructed. Joint Tenants with Right of Survivorship: In the event of the death of a joint tenant, the remaining joint tenant shall become the sole owner of the account. If the Transfer Agent determines in its sole judgment, that any question exists as to the respective rights of the joint holders or if any dispute arises between joint holders, the Transfer Agent may act upon the advice of legal counsel of its selection, whose reasonable expenses may be reimbursed from assets of the Account. The Transfer Agent shall not be liable to either joint holder for acting in accordance with the provisions of this paragraph.

A shareholder's property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

I UNDERSTAND THAT MUTUAL FUND SHARES ARE NOT DEPOSITS OF ANY BANK, ARE NOT INSURED BY THE FDIC, ARE NOT OBLIGATIONS OF ANY BANK OR THE U.S. GOVERNMENT AND ARE NOT ENDORSED OR GUARANTEED IN ANY WAY BY ANY BANK.

THE FUNDS WILL COMPLY WITH ALL STATE AND FEDERAL MANDATED ENFORCEMENT PROGRAMS, WHICH MAY RESULT IN THE RELEASE OF YOUR ACCOUNT INFORMATION TO REGULATORY AGENCIES. A SHAREHOLDER'S PROPERTY MAY BE TRANSFERRED TO THE APPROPRIATE STATE IF NO ACTIVITY OCCURS IN THE ACCOUNT WITHIN THE TIME PERIOD SPECIFIED BY STATE LAW.

6. Legal Entity Beneficial Ownership Certification

To help the government fight the funding of terrorism and money-laundering activities, federal law requires Boston Trust Walden to obtain, verify, and record information that identifies each person who opens an account. In some cases, Federal law also requires us to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

What this means to you: When you open an account, we will ask for names, addresses, dates of birth and other information that will allow us to identify you and certain other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

Purpose

This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening account on their own behalf.

Important Notes

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals:

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and

(ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

A. Account Information Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

_____

b. Name and Address of Legal Entity for Which the Account is Being Opened:

_____

B. Beneficial Owner(s) The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name/Title	Date of Birth	**Address** (residential or business street address)	Social Security Number*

* In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

C. Control Person The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (b) above may also be listed in this section (c)).

Name/Title	Date of Birth	**Address** (residential or business street address	Social Security Number*

D. Certification

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge that the information provided above is complete and correct.

Signature: **Date:**