

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**  
 Principled Investing.

## 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 National Association 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"/> Systematic Investment Plan* (Section 5)	<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 Address  New Last Name\*

Name

Mailing Address

### 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.

Pay dividends and capital gains to me:  By Check  
 Reinvest capital gains and pay dividends to me:  By ACH (attach voided check to establish)  
 Reinvest dividends and pay capital gains to me:

### 4. Telephone Authorization

Yes, I authorize the Fund, and its agents, to act upon instructions received by telephone to redeem, purchase and/or exchange shares. Exchanged shares must occur between identically registered accounts within the Funds. Tax identification of the two accounts must be identical.

## 5. Systematic Investment Plan

### ATTACH VOIDED CHECK HERE TO ESTABLISH

Yes, I authorize my bank to accept withdrawals initiated by the Fund's servicing agent, to my account for the amount I have designated, without responsibility for the correctness of the agreement or for the existence of any further authorization relating to this contract. I agree to indemnify and hold harmless my bank, the Boston Trust Walden Funds and its agents for any loss, liability or expense incurred from action of these instructions.

I would like to invest the following amount(s) (minimum \$1,000 per Fund) on the day indicated (any day, 1st through 28th) into the following fund(s). Please circle frequency per fund: (M) Monthly, (Q) Quarterly, or (A) Annually.

M Q A

FUND NAME	SHARE CLASS	\$ AMOUNT	DAY
-----------	-------------	-----------	-----

M Q A

FUND NAME	SHARE CLASS	\$ AMOUNT	DAY
-----------	-------------	-----------	-----

M Q A

FUND NAME	SHARE CLASS	\$ AMOUNT	DAY
-----------	-------------	-----------	-----

\$ TOTAL AMOUNT:

## 6. Systematic Withdrawal Plan

A minimum fund balance of \$50,000 is required to establish a systematic withdrawal plan.

Yes, I authorize the Funds and its agents, to liquidate the following amount (minimum \$500) on the day indicated (any day, 1st through 28th) from the following fund(s). Please circle frequency per fund: (M) Monthly (Q) Quarterly (S) Semi-Annually, or (A) Annually.

M Q A

FUND NAME	SHARE CLASS	\$ AMOUNT	DAY
-----------	-------------	-----------	-----

M Q A

FUND NAME	SHARE CLASS	\$ AMOUNT	DAY
-----------	-------------	-----------	-----

M Q A

FUND NAME	SHARE CLASS	\$ AMOUNT	DAY
-----------	-------------	-----------	-----

\$ TOTAL AMOUNT:

Mail distribution to address of record

See alternate instructions – Section 7

## 7. Payment Instructions

### A. Wire Instructions

(Call your bank to verify a wire fee, if any.) I have completed the information below and have included a voided check from my bank account.

**Account Name**

**Account Number**

**Bank Name**

**Bank Address**

**Bank ABA Code (9 digits)**

**B. ACH**

(Call your bank to verify transaction fee, if any. Note: credit will be received approximately within 2-3 business days). I have completed the information below and have included a voided check from my bank account.

**Account Name**

**Bank Account Number**

**Bank Name**

**Bank ABA Code (9 digits)**

**8. Change in Interested Party**

Add  Delete      Forward duplicate statements  Yes  No

**Name**

**Address**

**Daytime Phone**

**9. 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	
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>
X		X	
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>

**10. 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**