

**NEW ALTERNATIVES FUND
NEW ACCOUNT APPLICATION**

Mail Completed Form and Check to: New Alternatives Fund c/o BNY Mellon Investment Servicing (US) Inc. P.O. Box 9794 Providence, RI 02940	Phone (800) 423-8383 or email info@newalternativesfund.com for General Inquiries Phone (800) 441-6580 for Individual Account Inquiries
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Overnight Mail: New Alternatives Fund, c/o BNY Mellon Investment Servicing (US) Inc., 4400 Computer Drive, Westborough, MA 01581-1722

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 \$ _____ (\$2,500.00 minimum) to be applied toward the purchase of shares and fractions thereof of New Alternatives Fund (For IRA's see separate application). Please apply my purchase request to the purchase of **(check one)**:

- Class A Shares (Fund 320)**

 Investor Shares (Fund 420)

Please register the shares as follows:

(Please Print or Type Clearly)

1. ACCOUNT REGISTRATION (check one)

Individual _____

 First Name Middle Initial Last Name _____

 Date of Birth: (M/D/Year)

Social Security Number _____

Joint Tenants:
 Tenant A: _____

 First Name Middle Initial Last Name _____

 Date of Birth: (M/D/Year)

Tenant A: Social Security Number _____

Tenant B: _____

 First Name Middle Initial Last Name _____

 Date of Birth: (M/D/Year)

Tenant B: Social Security Number _____

Gift to Minors _____

 First Name of Custodian Middle Initial Last Name _____

 Date of Birth: (M/D/Year)

Social Security Number _____ Under the State of _____ UGMA/UTMA.

 First Name of Minor Middle Initial Last Name _____

 Minor's Date of Birth: (M/D/Year)

Minor's Social Security Number _____

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

TYPE OF ENTITY: Trust

Name of Trust		
Name of Trustee		Trustee Social Security Number
Trustee Date of Birth	Date of Trust	Trust's Tax Identification Number

6. 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 10th, 15th, 20th (circle one) of the period.

7. 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 in writing.

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, and
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 been 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 _____
Signature of Applicant/Date

X _____
Signature of Joint Owner, if any/Date

8. HOUSEHOLDING CONSENT. I hereby consent to the delivery of a single copy of the New Alternatives Fund's financial reports, Prospectuses, proxy statements and other similar documents to all investors with whom I share an address and who either have my same last name or are a member of my family.

X _____
Signature of Applicant/Date

X _____
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 Number

() _____
Number

Firm's Address/Phone Number

Authorized Signature