

CURRENT INVESTOR (First and last name; or institution)

ACCOUNT #

PRIMARY BENEFICIARIES

Use this section to let us know who gets your Community Investment Notes® first. Beneficiaries can be individuals, trusts, or organizations. If you need help, please talk with an attorney or estate-planning professional about naming beneficiaries.

Primary Beneficiary #1:

First name, middle initial, and last name; or institution	Relationship (select)	Portion of Holdings (100%, 50%, etc)
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Mailing Address	City	State	Zip
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Primary phone	E-mail	Social Security or Taxpayer ID #	Date of birth
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Other information (name of beneficiary's financial advisor or spouse, other information that could help identify the beneficiary if needed)

Primary Beneficiary #2 (optional):

First name, middle initial, and last name; or institution	Relationship (select)	Portion of Holdings (100%, 50%, etc)
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Mailing Address	City	State	Zip
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Primary phone	E-mail	Social Security or Taxpayer ID #	Date of birth
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Other information (name of beneficiary's financial advisor or spouse, other information that could help identify the beneficiary if needed)

Primary Beneficiary #3 (optional):

First name, middle initial, and last name; or institution	Relationship (select)	Portion of Holdings (100%, 50%, etc)
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Mailing Address	City	State	Zip
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Primary phone	E-mail	Social Security or Taxpayer ID #	Date of birth
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Other information (name of beneficiary's financial advisor or spouse, other information that could help identify the beneficiary if needed)

Community Investment Note® Beneficiary Form (cont'd)

Primary Beneficiary #4 (optional):

First name, middle initial, and last name; or institution Relationship (select) Portion of Holdings (100%, 50%, etc)

Mailing Address City State Zip

Primary phone E-mail Social Security or Taxpayer ID # Date of birth

Other information (name of beneficiary's financial advisor or spouse, other information that could help identify the beneficiary if needed)

If adding more than four beneficiaries, please fill out another one of the first pages of this form.

CONTINGENT BENEFICIARY (OPTIONAL)

This section only applies if any of your primary beneficiaries pass away before you.

If any of your beneficiaries pass away before you, do you want their children to inherit? Select:

Tell us how to divide your assets among your beneficiaries' children:

 The children evenly split their parent's portion (per stripes)

 The children get the same amount as the other beneficiaries (per capita)

 Other (please explain in text box below)

Please provide any additional details on contingent beneficiaries:

SIGNATURE and ACKNOWLEDGEMENT

By checking and signing below, I signify that this beneficiary designation revokes and supersedes any prior designation of primary and/or contingent beneficiaries for my holdings, and that I may change or revoke this beneficiary designation at any time by submitting a new Beneficiary Form to Calvert Impact Capital.

Investor Signature

Joint Investor Signature

Date

Date

NEXT STEPS

Please email completed application to: info@calvertimpact.org or mail to:

Calvert Impact Capital
7550 Wisconsin Avenue, 8th Floor
Bethesda, MD 20814

Upon receipt of this form, Calvert Impact Capital staff will reach out if they have any questions, and in all cases seek confirmation that they have properly recorded your instructions. You may make changes to your beneficiary information at any time.

Calvert Impact Capital cannot provide advice on beneficiary designations, but we're happy to help with this form or answer general questions, so feel free to contact us at (800) 248-0337 or info@calvertimpact.org

The beneficiary designation(s) reflected in this form will apply to all Notes held by you and is made pursuant to the Maryland's Uniform Transfer-on-Death Securities Registration Act.