



Regular mail:  
Pax World Mutual Funds  
PO Box 55370  
Boston MA 02205-5370

Overnight mail:  
Pax World Mutual Funds  
c/o BFDS  
30 Dan Road, Suite #55370  
Canton, MA 02021-2809  
Telephone: 800.372.7827

## 403(b) Distribution/Transfer Request Form

For help with filling out this form please call 800.372.7827 between 8AM and 6PM ET M-F.

### 403(b) Owner Information

First Name	Middle Initial	Last Name	Social Security/Tax ID No. (required)
Mailing Address	City	State	Zip Code
Birthdate (mm/dd/yyyy) (required)	Contact Telephone		

### Employer Information

Employer Name	Social Security/Tax ID No. (required)		
Mailing Address	City	State	Zip Code
Contact Telephone			

Name of Plan: \_\_\_\_\_

Custodian Account#(s): \_\_\_\_\_

### A. Distribution/Transfer Reason (To be completed by Employee)

1.  Termination of Employment     Termination of Plan     Retirement     Disability  
 Age at least 59½     Required Minimum Distribution (RMD)

Date of Event: \_\_\_\_\_

\* To request a Hardship Distribution (available only to participants in governmentally-sponsored plans that allow this option) please complete a Hardship Distribution form.

\*\* To request RMD, please indicate the method below

- a.  calculate my required withdrawal based on my life expectancy and pay to me in a  lump sum or  in installments  
 monthly,  quarterly,  annually, beginning on this date: \_\_\_\_\_
- b. Send me the following amount \$: \_\_\_\_\_
2.  Transfer to other investment provider in an account under my Employer's 403(b) plan.
3.  Transfer to other investment provider in an account under another current or former employer's 403(b) plan.
4. a.  Transfer \_\_\_\_\_% of my account balance to a 403(b) plan account within my Plan at the investment provider identified in 4(d) below.
- b.  Transfer \_\_\_\_\_% of my account balance to another 403(b) plan at the investment provider identified in 4(d) below sponsored by my current or former employer.
- c.  Direct Rollover of \_\_\_\_\_% of my account balance to a retirement account at the investment provider identified in 4(d) below. Please provide Direct Rollover information (Must be an eligible rollover distribution – see "Special Tax Notice"): Type of rollover account:  IRA     Roth IRA     Qualified Plan     Non-spouse Inherited IRA
- d. Investment Provider Name \_\_\_\_\_

Account Number	Account Name or Retirement Plan Name		
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Mailing Address	City	State	Zip Code
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## B. Payment Method

- Mail to my address currently on file.
- Purchase funds into the following non-retirement Pax World account of which I am a sole or joint owner:  
Fund/Acct.# \_\_\_\_\_  
(If new account, please complete and attach new account application).
- Mail to an alternate address. Payment instructions to an address other than the existing address of record will require a Medallion Signature Guarantee (see below).

Make Check payable to: \_\_\_\_\_

Mail check to:

Mailing Address	City	State	Zip Code
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- Send to my bank account by electronic transfer. If these banking instructions are not currently on file for your Pax World IRA account, your signature on this form must be guaranteed with a Medallion Signature Guarantee (see below). For new instructions please attach a voided, unsigned check or savings deposit slip for the bank account to be used in conjunction with electronic (ACH) transactions.

Bank Name	Name(s) on Bank Account
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This is a:  Checking  Savings

Account	
Bank Routing/ABA Number	Bank Account Number

**Note:** If a payment method is not selected, your distribution will be issued as a check payable to you and mailed to your address of record.

## C. Income Tax Withholding (To be completed by the Employee)

I understand that this distribution will be reported to the Internal Revenue Service and the state of my residence, if applicable, as taxable income as appropriate. The address on this form will determine my state of residence for state withholding purposes. I also understand that the distribution will be subject to income taxes unless I roll over the distribution amount to another retirement account. Any distribution eligible for rollover that is greater than \$200 is subject to 20% mandatory Federal Income Tax withholding unless I transfer or directly roll over the amount of the distribution to another retirement account. I further understand that, if I receive this distribution prior to age 59½, the distribution may be subject to a 10% early withdrawal penalty. State taxes will be withheld at state's mandatory withholding rate, if applicable.

- Withhold** Federal Income Tax at \_\_\_\_\_% of the total distribution (must be 20% or greater).

## D. Employee's Signature and Certification (Required)

### 1. Required for Distribution

If I have requested a distribution or rollover from the Plan, I have read the "Special Tax Notice", attached hereto (unless previously provided to me by the Plan Administrator / Employer), and request the distribution or rollover from the retirement plan designated above. I wish to waive the 30-day notice period in order for my distribution or rollover to be processed immediately. I understand that a valid transfer to an account under the Plan listed above to an eligible investment provider not currently receiving Plan contributions, may require that my Employer enter into an information sharing agreement with the investment provider.

**2. Required for Plan to Plan Transfer**

If a plan-to-plan transfer has been selected in 4(b) above, I hereby certify that (1) I am a current or former employee of the sponsor of the Receiving Plan identified in 4(d) above and the Receiving Plan agrees to accept the transfer; (2) the Receiving Plan satisfies the requirements of Section 403(b) of the Code and that acceptance of the transfer is permitted under the Receiving Plan; and (3) that the Receiving Plan shall impose restrictions on distributions that are not less stringent than those imposed under the Plan.

3. a. Required to certify status as a former employee (if requesting a distribution due to retirement or termination of employment in 1 above). Also use to request a Required Minimum Distribution.

By checking this box I state under penalties of perjury that: (1) I am not currently employed by the Employer listed above, (2) I separated from employment with such Employer prior to January 1, 2009, and (3) I have made no contributions to my Custodial Account after December 31, 2008.

By checking this box I state that I am age 70½ or over, no longer employed by the Employer listed above, and request a Required Minimum Distribution from my Account, a distribution, or a rollover to an IRA.

- b. Required to certify status as disabled (if requesting a distribution due to disability in A.1 above).

By checking this box I certify my status as disabled. I have  (i) provided proof to plan administrator or my employer (Section E must be completed) or  (ii) attached a copy of a letter from a licensed physician or proof that I have been awarded Social Security disability benefits.

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Employee Signature

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Date

**E. Plan Administrator's or Employer's Confirmation is required, unless the box in Section D.3a or D.3b(ii) above is checked)**

As Plan Administrator/Employer, I hereby certify that if a distribution is requested, the reason for a distribution checked in A.1 above, is true. If a transfer is requested to an investment provider that is not currently receiving Plan contributions, I understand that the Employer must enter into a written agreement with the investment provider receiving this transfer as required by 403(b) regulations.

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Plan Administrator's/Employer's Name (please print)

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Plan Administrator's/Employer's Signature

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Date



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## Hardship Withdrawal Request and Certification Form 403(b) Plans Sponsored by Government Employers

**Please Note:** If you have separated from service with your employer, do not use this Form; instead you should request a regular distribution. If your 403(b) Custodial Account was not established under a 403(b) plan sponsored by a state or local government or government agency, do not use this form—you are not eligible for a hardship withdrawal under the Pax World Mutual Funds 403(b) agreement. Effective January 1, 1999, hardship withdrawals are not eligible to be rolled over to an IRA, and are not subject to 20% mandatory withholding. 10% income tax withholding must be taken from a hardship distribution unless you elect to waive withholding. Also, if you are under age 59½, your hardship withdrawal may be subject to a 10% premature distribution tax.

If you are an active participant in a 403(b) custodial account, your employer must sign this Form to confirm your eligibility for a hardship withdrawal and acknowledge the requirement that you must suspend your salary reduction contributions to the plan for six (6) months following a hardship withdrawal.

For help with filling out this form please call 800.372.7827 between 8AM and 6PM ET M-F.

### A. Please tell us about your existing account:

First Name	Middle Initial	Last Name	
Mailing Address	City	State	Zip Code
Fund Name	Account Number	Social Security Number	

Check here if contact information above is new.

### 1. Amount Allowable for Hardship Withdrawal

I am applying for a hardship withdrawal, as defined in Internal Revenue Code Section 403(b), and the applicable Treasury regulations, from my account referenced above. My employer is a state or local government or government agency.

I understand that contributions made under a salary reduction agreement are eligible for hardship withdrawal, and that earnings attributable to my contributions are not eligible for hardship withdrawal. I certify that the amount requested does not include earnings made on the account after December 31, 1988, or any employer contributions.

### Amount of Withdrawal

I am requesting a withdrawal of \$ \_\_\_\_\_ from my 403(b) custodial account.

### 2. Reason for Withdrawal

This withdrawal request is due to the following immediate and heavy financial need, and does not exceed the amount needed to meet my hardship or the hardship of a primary beneficiary, including amounts needed to pay taxes or penalties on the hardship withdrawal. I have provided all documents required by my employer in support of my request.

I agree to provide any additional documentation that my employer may request in order for it to confirm the existence of my hardship.

### Check Appropriate Reason(s) Below:

- Medical expenses not covered by insurance incurred for myself, my spouse, and/or my dependents as defined in Section 152 of the Internal Revenue Code, or a primary beneficiary.
- Purchase of a principal residence for me.
- Tuition, educational-related fees and room and board expenses for the next 12 months of post-secondary education for me, my spouse, my children, or other dependents, or a primary beneficiary.
- Prevention of eviction from, or foreclosure on the mortgage on, my principal residence.
- To pay for expenses for the repair of damage to my residence or to the residence of a primary beneficiary, that would qualify for the casualty deduction under Section 165 of the Internal Revenue Code.
- Funeral expenses for my immediate family member(s), or a primary beneficiary.

**3. Declaration**

By law, hardship withdrawals are only permitted to the extent that other resources are not available to meet your hardship needs. By signing this Form, you affirm the following statements.

I certify that my heavy and immediate financial need or that of my spouse, and/or my dependents as defined in Section 152 of the Internal Revenue Code, or a designated beneficiary, cannot be met from other reasonable sources. I certify that the need cannot be met:

- Through reimbursement or compensation by insurance or otherwise.
- By reasonable liquidation of my assets or those of my spouse or my minor children, to the extent that such liquidation would not in itself cause an immediate and heavy financial need.
- By borrowing from commercial sources on reasonable commercial terms.
- By taking loans or distributions from any retirement plan in which I am a participant.
- By stopping salary reduction contributions to my account.

**4. Tax Withholding Election**

A qualifying hardship withdrawal must be reported as a taxable distribution and is subject under IRS rules to 10% income tax withholding, unless you elect to take more than 10% or to waive all withholding. State tax withholding may also apply if federal income tax is withheld. By signing this form you are electing no tax withholding unless you check the box below to indicate that you wish to withhold taxes. In so doing you acknowledge that you may be required to pay estimated tax and that insufficient tax withholding or payments may result in penalties.

Withhold 10% for federal income taxes. If you wish to withhold a greater percentage, indicate this here: \_\_\_\_\_%

**5. Signature and Medallion Guarantee**

Please sign this Form exactly as the account is registered. Your signature must be guaranteed by an eligible guarantor institution. A notarization by a notary public is not acceptable. Under penalty of perjury, I hereby attest that the foregoing facts and declarations are true and correct. By signing this Form I agree that, per IRS rules, I must suspend my salary withdrawal contributions for a period of six months that commences on the date of my requested hardship distribution. I understand that my employer must be notified of the hardship distribution request to ensure compliance with the six-month suspension rule.

Signature of Shareowner		Date
Print Name	(    )	Contact Telephone

**Medallion Signature Guarantee (if required):** An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

**Medallion Signature Guarantee**

**Employer Acknowledgment:** As employer of the above-signed 403(b) Shareowner/403(b) participant, I confirm that such participant is eligible for a hardship withdrawal in the amount requested and I acknowledge that I am aware that IRS rules require that all the participant's salary reduction contributions to the 403(b) plan must be suspended for a period of six months, beginning on the date of the requested hardship withdrawal.

Employer Name			
Employer Mailing Address		City	
(    )		State	
Contact Telephone		Zip Code	
Employer Signature		Date	
Print Name			