



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

Coverdell Education Savings Account

WITHDRAWAL AUTHORIZATION AND INSTRUCTIONS FOR DISTRIBUTION

Complete this form to request a total or partial distribution from your Pax World Coverdell Education Savings (ESA) account. For help with filling out this form please call 800.372.7827 between 8AM and 6PM ET M-F.

1. Personal Information Responsible Individual

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

Check here if contact information above is new.

Designated Beneficiary of Coverdell ESA

First Name	Middle Initial	Last Name	Social Security/Tax ID No.
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2. Reason for Distribution

Distributions for Qualified Education Expenses:

- Distribution from this account are being used for qualified education expenses of the Designated Beneficiary.

Distributions Not Used for Education Expenses:

- This distribution is not being used for qualified education expenses and none of the other reasons below apply.
- Permanent disability of the Designated Beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code)
- Death (you are the beneficiary or representative of the Designated Beneficiary's estate and can furnish a certified copy of the death certificate)
- Removal of Excess - you must complete section 3 (Excess Contribution Election)
- Transfer, including transfer incident to Divorce or Legal Separation - contact Shareholder Services for additional document requirements.
- This Coverdell ESA is being rolled over or transferred to another Pax World Coverdell ESA for the following family member: _____ (attach new Pax World Coverdell ESA application)
- Age 30 attained by Designated Beneficiary

3. Excess Contribution Election

Amount of excess: \$ _____ . Tax year for which excess contribution was made: _____
(required) (required)

Date excess contribution was made: _____ .

Earnings will be removed with the excess contribution if corrected before the Federal income tax-filing deadline (including extensions), pursuant to Internal Revenue Code Section 408(d)(4) and Internal Revenue Service ("IRS") Publication 970.

You may be subject to an IRS penalty of 6% for each year your excess remains in the account. Excess contributions (plus or minus the NIA) that are distributed by your Federal income tax return date (plus extensions) will be considered corrected, thus avoiding an excess contribution penalty.

The excess is being corrected before your Federal income tax-filing deadline (including extensions):

- Remove excess plus/minus net income attributable – DISTRIBUTE according to my instructions in section 5 "Payment Method"
- Remove excess plus/minus net income attributable – RE-DEPOSIT in my Coverdell ESA as a current year contribution

4. Distribution Amount

I direct the Custodian to make a distribution from the following account(s) for the reason indicated above:

Fund Name/Class: _____ Account #: _____ ALL \$: _____ or _____ %

Fund Name/Class: _____ Account #: _____ ALL \$: _____ or _____ %

Fund Name/Class: _____ Account #: _____ ALL \$: _____ or _____ %

5. Payment Method

- Mail to my address currently on file. (Check will be made payable as the account is registered.)
- Mail to an alternate payee 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: _____

Address	City	State	Zip Code
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- Send to my bank account by electronic transfer. Adding banking instructions not currently on file for your Pax World Coverdell ESA, will require 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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Bank Routing/ABA Number	Bank Account Number	This is a: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account
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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.

6. Authorization and Certification

I certify that I am the Responsible Individual authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, the Fund, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from the account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Pax World Mutual Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

Responsible Individual's Signature	Date
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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