



Pax World Mutual Funds

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

Individual Retirement Account (IRA) Required Minimum Distribution Election Form

Complete this form to request a Required Minimum Distribution (RMD) from your Pax World Traditional IRA, SEP IRA, SIMPLE IRA or Inherited IRA account if you are age 70½ or older. DO NOT use this form for a total distribution or one-time partial distribution of less than your RMD amount, to redeem from an Inherited IRA, or for a Qualified Charitable Distribution. For help filling out this form please call 800.372.7827 between 8AM and 6PM ET M-F.

1. IRA Owner Information

First Name (please print name exactly as it appears on IRA account)		Middle Initial	Last Name
Account Number	Birthdate (mm/dd/yyyy)		
Mailing Address ()	City	State	Zip Code
Contact Telephone	Email Address		

Check here if contact information above is new.

Type of Account:

- IRA SEP-IRA SIMPLE-IRA

2. Calculation Method

The Required Minimum Distribution (RMD) amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590B "Distributions from Individual Retirement Arrangements (IRAs)," IRS Publication 560 "Retirement plans for the Self Employed" and IRS Publication 575 "Pension and Annuity Income," which incorporate updated Life Expectancy Tables. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

- My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table.

Beneficiary's date of birth _____
(mm/dd/yyyy) (required)

Before making any decision regarding your RMD, we urge you to consult your tax advisor or tax attorney.

3. Distribution Type

Current Year Distribution Only:

- Calculate and distribute my **current** year required minimum distribution **immediately** upon receipt of this form. I understand that I am responsible for contacting the fund to request any future year RMD amounts.
- Distribute a one time fixed amount (must be equal to or greater than calculated RMD amount): \$ _____ or _____ shares upon receipt of this form. I understand that I am responsible for contacting the fund to request any future year RMD amounts.

Note: If you own multiple Pax World Funds, redemption will occur in each fund unless you indicate specific funds below. The percentage must total 100%. If specific funds are chosen, but percentage is not provided, we will redeem equal portions from each fund listed.

Fund Name: _____ Percentage: _____ %

Fund Name: _____ Percentage: _____ %

Fund Name: _____ Percentage: _____ %

Systematic Distribution:

Calculate and distribute the required minimum distribution amount for this year and all subsequent years. If you elect this option, we will continue to calculate and distribute your RMD amount for subsequent years until such time that you notify us to discontinue the payments.

If you are turning 70½ and this is your first RMD it may be distributed either in the year you turn 70½ or by **April 1st** of the following year. (**Requests for deferred distribution must be received between January and April 1st of the year following the year in which you turn 70½.**)

Please **calculate and distribute my prior year deferred** required minimum distribution amount immediately. If you elect this option we will calculate and distribute your prior year required distribution amount upon receipt. **We will also calculate and distribute your current year amount and all subsequent years** until such time that you notify us to discontinue the payments.

Note: If you own multiple Pax World Funds, redemption will occur in each fund to satisfy the RMD.

Begin systematic distribution on: _____ Frequency (choose one): Monthly Quarterly
(mm/dd/yyyy) Semi-Annually Annually

Note: If a frequency is not selected, your RMD will be distributed annually on the 25th of the next available month.

4. Payment Method

Mail to my address currently on file.
(If your address has changed within the past 30 days, a Medallion Signature Guarantee is required (see below)).

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 and/or make check payable to a third party.
(Medallion Signature Guarantee is required (see below)).

Make check payable to: _____
Name

Mail check to:

Mailing Address City State Zip Code

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

Bank Routing/ABA Number Bank Account Number This is a: Checking Savings Account

Note: one common name must appear on both your Pax World account registration and the bank account registration.

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.*

5. Withholding Election**Federal Income Tax Withholding**

Distributions from IRAs and Qualified Retirement Plans that are not eligible for rollover are subject to Federal income tax withholding unless you affirmatively elect NOT to have withholding apply to such payments. Generally, such distributions are subject to 10% withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election. Please select one of the following:

- Do **NOT** withhold Federal Income Tax (Not available on accounts with an address of record outside of the United States or its possessions.)
- Withhold **10%** Federal Income Tax
- Withhold _____% Federal Income Tax (must be greater than 10%)

Federal income tax WILL be withheld from any distribution subject to the IRS withholding rules if you do not complete and return the election form or if you have not previously elected out of withholding. Tax will be withheld on the gross amount of these payments even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

State Income Tax Withholding

If you elect to have Federal income tax withheld from your withdrawal and your state of residence requires mandatory state tax withholding, Pax World is also required to withhold state income tax. Please contact your state Department of Revenue or a qualified tax advisor for additional information. There can be no assurance that current state tax laws and IRS rules will remain constant.

6. Signature

I certify that I am the participant 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, Pax World Mutual Funds 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 my account in the manner requested. The Custodian may rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences that 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 elections made on this form. **I have read and understand and agree to be legally bound by the terms of this form. This form may only be used for one account. If you have another account from which you wish to take distributions, please fill out a separate form.**

Participant's Signature (or Beneficiary's signature if participant is deceased) _____ Date _____

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 Exchange 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