



Pax World Mutual Funds

Regular mail:
Pax World Funds
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Providence RI 02940-8024

Overnight mail:
Pax World Funds
4400 Computer Drive
Westborough MA 01581-1722
Telephone: 1(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 1(800) 372.7827 between 8AM and 6PM ET M-F.

Note: Failure to withdraw your RMD amount by the applicable deadline could result in a 50% penalty tax. The penalty tax would be assessed on the difference between the amount that you were required to take and the amount that was actually distributed, if any. Before making any decision regarding your RMD, we urge you to consult your tax advisor or tax attorney.

1. Participant 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. Distribution Election

RMD amounts are calculated on the entire account balance including all of the underlying investments in your IRA.

Distribute my RMD from: Across all funds proportionately or Distribute from fund(s):

Fund Name: _____ Percentage: _____ %

Fund Name: _____ Percentage: _____ %

Fund Name: _____ Percentage: _____ %

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

3. 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.

Note: Your 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)

4. Type of Distribution

Single Sum/One-Time Distribution (options):

- Calculate RMD Amount:** Calculate and distribute immediately upon receipt of this form my **current year RMD**. I understand that I am responsible for ensuring any future year RMD amounts are satisfied by contacting the Custodian to request subsequent distributions.
- Check this box if you attained age 70½ last year and you are electing to also distribute your **prior year deferred RMD** (must be received between January 1st and April 1st).
- Distribute a fixed amount of \$ _____** immediately upon receipt of this form. I understand that I am responsible for ensuring my RMD amounts are satisfied each year and for contacting the Custodian to request any subsequent distributions.

Systematic Distribution (options): (Important: Complete sections A and B below.)

A.

- Calculate and distribute my **current year RMD amount for this year and all subsequent years**. I understand that the Custodian will continue to calculate and distribute my RMD amount for all subsequent years until I notify them to discontinue the payments
- Check this box if you attained age 70½ last year and you are electing to also distribute your **prior year deferred RMD** (must be received between January 1st and April 1st). Your prior year deferred amount will be issued as a single sum distributed immediately upon receipt of this form.
- Distribute a **fixed amount of \$ _____** for this year and all subsequent years until I notify you to discontinue payments. I understand that I am responsible for ensuring my RMD amounts are satisfied each year. I also understand that I am responsible for contacting the Custodian to request any adjustments to the fixed dollar amount or frequency.

B.

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 20th of the next available month.

5. Payment Method

If a payment method is not selected, your RMD will be issued as a check payable to you and mailed to your address of record. Your payout method will remain in effect until we receive notice from you requesting a change.

- 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).
- 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	
		This is a: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account
Bank Routing/ABA Number	Bank Account Number	

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.

6. Tax 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

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding will require state income tax to be withheld from payments if federal taxes are withheld. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. You may wish to consult with a tax advisor or your state's tax authority for additional information on your state requirements.

- I elect **TO NOT** have state income tax withheld from my retirement account distributions (only for residents of states that not require mandatory state tax withholding).
- I elect **TO** have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes (for residents of states that allow voluntary state tax withholding).

\$ _____ or _____ %

7. Authorization

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 the Custodian, the Sponsor, or the agent of either of them has given no tax or legal advice to me and shall be indemnified and held harmless, for any tax, legal or other consequences resulting from my election(s). I expressly assume responsibility for any adverse consequences which may arise from the election(s). The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. I have read and understand and agree to be legally bound by the terms of this form.

Participant's Signature

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