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Canton, MA 02021-2809  
Telephone: 800.372.7827

## Individual Retirement Account (IRA)

### WITHDRAWAL AUTHORIZATION AND INSTRUCTIONS FOR DISTRIBUTION

Use this form to request a total or partial distribution from your Pax World Traditional IRA, Roth IRA or SIMPLE IRA account. **DO NOT** use this form for age 70½ Required Minimum Distributions (RMD), Revocations, Trustee to Trustee transfers, or Qualified Charitable Distributions (QCD). For 70½ RMDs, please complete the Individual Retirement Account (IRA) Required Minimum Distribution Election Form. For Revocation, refer to the Disclosure Statement regarding your rights and instructions. For Trustee to Trustee transfers, please complete the appropriate receiving custodian's transfer form. For QCDs, please complete the Individual Retirement Account (IRA) Qualified Charitable Distribution Form.

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

### 1. IRA Owner Information (if you are a Beneficiary, also complete and attach an IRA account application)

Account Owner's First Name	Middle Initial	Last Name	Social Security/Tax ID No.
Mailing Address ( )	City	State	Zip Code
Contact Telephone	Email Address		

Check here if contact information above is new.

### 2. IRA, SEP IRA, SIMPLE IRA (Roth IRAs proceed to Section 3)

**IRA Type:** (Check only one; use a separate form for each type of IRA).

- IRA                       SEP-IRA                       Inherited IRA  
 Rollover IRA             SIMPLE-IRA (if you have not participated in the SIMPLE IRA for at least two years and are under age 59½, an IRS penalty may be imposed).

**Reason for Distribution** — Check the box that applies:

1. Normal Distribution – if you are the Participant and are age 59½ or older  
 2. Early (premature) Distribution – if you are under age 59½  
 3. Substantially equal periodic payments within the meaning of Section 72(t) of the Internal Revenue Code  
 4. Death of Participant – if you are a Beneficiary, contact Shareholder Services regarding additional document requirements  
 5. Permanent Disability – if you certify that you are disabled within the meaning of Section 72(m)(7) of the Internal Revenue Code\*  
 6. Transfer Incident to Divorce or Legal Separation – contact Shareholder Services for additional document requirements  
 7. Removal of Excess – you must complete **Section 4** (Excess Contribution Election)  
 8. Qualified Reservist Distribution \_\_\_\_\_

All required documentation must be received in good order before the distribution request will be honored. All legal documents must be certified, and a Medallion Signature Guarantee may be required for the owner/beneficiary or spouse.

\*For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. An individual shall not be considered to be disabled unless he furnishes proof of the existence thereof in such form and manner as the IRS may require.



**A. 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 6 (Payment Method)
- Remove excess plus/minus net income attributable – RE-DEPOSIT in my retirement account as a current year contribution

**B. The excess is being corrected after your Federal Income Tax filing deadline (including extensions); earnings on the excess contribution will remain in the account: (Does not apply to non-deductible contributions.)**

- Remove excess – DISTRIBUTE according to my instructions in Section 6 (Payment Method)
- Remove excess – RE-DEPOSIT in my retirement account as a current year contribution

**C. You may be able to redesignate the excess contribution to a later tax year. Please consult a tax adviser to review your specific situation and to determine your best course of action.**

If you should decide to redesignate the excess contribution to a later year, DO NOT return this form to us.

**5. Distribution Amount**

I direct the Custodian to make a distribution of \$\_\_\_\_\_ or \_\_\_\_\_ shares 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 \_\_\_\_\_ %

- Single Payment **or**
- Monthly     Quarterly     Semi-Annually     Annually

Distribution to begin: Month \_\_\_\_\_ Date \_\_\_\_\_ .

**6. 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: \_\_\_\_\_

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.

## 7. Authorization and Certification

### A. Federal Income Tax Withholding Election:

Generally, IRA 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. Please select one of the following: (If no selection is made, Pax World will withhold 10%, per IRS regulations).

- 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%)

**Caution:** Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rule if your payments of estimated tax and withholding, if any, are not adequate.

### B. State Withholding Election:

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, and some states have additional provisions in order to opt out of automatic state tax withholding, e.g. Michigan. 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 do 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 % \_\_\_\_\_

### C. Signature:

I certify that I am the depositor 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 election(s) made on this form.

**I have read and understand and agree to be legally bound by the terms of this form.**

Depositor’s Signature (or Beneficiary’s signature if depositor is deceased)		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**