



Regular mail: Pax World Funds PO Box 9824 Providence RI 02940-8024	Overnight mail: Pax World Funds 4400 Computer Drive Westborough MA 01581-1722 Telephone: 1(800) 372-7827
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Individual Retirement Account (IRA)

WITHDRAWAL AUTHORIZATION AND INSTRUCTIONS FOR DISTRIBUTION

For help filling out this form, please call 1(800) 372-7827 between 8AM and 6PM ET M-F.

Use this form to request a total or partial distribution from your Pax World Traditional IRA, Roth IRA or SEP IRA account. For withdrawals from your SIMPLE IRA account, please complete the SIMPLE IRA Withdrawal Form. DO NOT use this form for SIMPLE IRA distributions, age 70½ Required Minimum Distributions (RMD), Revocations, Trustee to Trustee transfers, Qualified Charitable Distributions (QCD), recharacterization, or conversion requests.

For 70½ RMDs, please complete the Individual Retirement Account (IRA) Required Minimum Distribution Election Form. 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 revocations, refer to the Traditional and Roth Individual Retirement Account (IRA) Combined Disclosure Statement for instructions and information regarding your revocation rights.

All required documentation must be received in good order before the distribution request can be honored.

1. Participant Information

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

Account Number #: _____

Complete the following if you are a beneficiary requesting a full liquidation of the inherited proceeds.

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

2. Type of Account

- Traditional/Rollover IRA SEP-IRA Roth IRA

3. Reason for Distribution (Complete A, B or C)

A. From a Traditional, Rollover or SEP IRA

The distribution is being made for the following reason (check one):

- 1. Normal Distribution – If you are the Participant and are age 59½ or older
- 2. Early (premature) Distribution – If you are under age 59½, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons.
- 3. Substantially equal periodic payments within the meaning of Section 72(t) of the Internal Revenue Code
- 4. Death/Beneficiary liquidation – If you are a beneficiary, contact Investor Services regarding additional document requirements.
- 5. Permanent Disability – 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)** in its entirety.
- 8. Qualified Reservist Distribution _____
- 9. Direct rollover to a Qualified Plan, 401(k), TSP, or 403(b) – You are certifying that the receiving custodian will accept the IRA assets issued.
- 10. Qualified Hurricane Distribution

*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.

B. Qualified Distribution from a Roth IRA

This Roth IRA distribution satisfies the 5-year holding period requirement: Yes (If “No”, proceed to Section C)

The distribution is being made for the following reason (check one):

- 1. You are age 59½ or older.
- 2. Death/Beneficiary liquidation - If you are a beneficiary, contact Investor Services regarding additional document requirements.
- 3. Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.*

Note: Distributions not meeting the 5-year required period and for all other reasons not listed above are considered non-qualified.

C. Non-Qualified Distribution from a Roth IRA

The distribution is being made for the following reason (check one):

- 1. Normal distribution (prior to the 5-year holding requirement) - You are age 59½ or older.
- 2. Early (premature) distribution - You are under age 59½, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons.
- 3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.
- 4. Death/Beneficiary liquidation - If you are a beneficiary, contact Investor Services regarding additional document requirements.
- 5. Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.*
- 6. Transfer incident due to divorce or legal separation - contact Shareholder Services regarding additional document requirements.
- 7. Removal of excess - You must complete **Section 4 (Excess Contribution Election)** in its entirety.
- 8. Qualified Reservist Distribution
- 9. Qualified Hurricane Distribution

* 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.

Restriction On Indirect (60-Day) Rollovers

An IRA participant is allowed only one rollover across all IRAs (Traditional, Rollover, Roth, SEP and SIMPLE IRAs) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. For more information please visit the Internal Revenue Service’s web site www.irs.gov using the search term “IRA One-Rollover-Per-Year Rule”.

4. Excess Contribution Election

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

Date deposited: _____

Earnings will be removed with the excess contribution if corrected before your federal income tax-return due date (including extensions), pursuant to Internal Revenue Code Section 408(d)(4) and Internal Revenue Service ("IRS") Publication 590. You may be subject to an IRS penalty of 6% for each year the excess remains in the account. In addition, the IRS may impose a 10% early distribution penalty on the earnings, if you are under age 59½. You will receive IRS Form 1099-R for the year in which the excess distribution takes place (not for the year in which the excess contribution was made). Consult IRS Publication 590 for more information pertaining to excess contributions.

For the purpose of the excess contribution, we will calculate the net income attributable ("NIA") to the contribution using the method provided in the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. This method calculates the NIA based on the actual earnings and losses of the IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution.

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 (Mailing Instructions)**
- Remove excess plus/minus net income attributable. Re-Deposit 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.

- Remove excess and distribute according to my instructions in **Section 6 (Mailing Instructions)**.
- Remove excess and re-deposit as a **current year** contribution (not to exceed annual IRA contribution limit).

C. Redesignating an excess contribution to a later tax year. Please consult a tax advisor to review your specific situation and to determine your best course of action. If you should decide to carry over the excess contribution to a later year, **DO NOT RETURN THIS FORM.**

5. Distribution Amount - Complete sections A and B

A. Choose One:

- Liquidate Entire Account
- One-Time Partial Distribution of \$ _____
- Periodic Distributions - In the amount of \$ _____ Monthly Quarterly Semi-Annual Annual
- Substantially Equal Periodic Payments (Section 72(t) of the Internal Revenue Code) - In the amount of \$ _____ **(or)**
Calculate under the RMD method using Uniform Lifetime Table Single Life Table Joint and Last Survivor Table*
Distribute in a series of Monthly Quarterly Semi-Annual Annual Installments

*Beneficiary's Name: _____ Date of Birth _____

Begin periodic distributions on: _____ (mm/dd/yyyy)

Note: If no day is provided, we will process the distribution on the 20th of the following month. If no frequency is provided, we will process annual distributions in December.

B. Choose One:

- Distribute proportionately across all funds, (or)
- Distribute as indicated below:

Fund: _____ Account: \$ _____ or percent: _____ %

Fund: _____ Account: \$ _____ or percent: _____ %

Fund: _____ Account: \$ _____ or percent: _____ %

Total Account: \$ _____ Total: 100%

Note: The percentage must equal 100%. If specific funds are chosen, but percentage is not provided, we will redeem equal portions from each fund listed.

6. Mailing Instructions

Note: If no instructions are selected, your distribution will be issued as a check payable to you and mailed to your address of record.

- Mail to my address of record - (if you elected a Direct Rollover to a Qualified Plan or 403(b) in Section 3A you must complete the receiving custodian information below)
- Qualified Plan, 401(k), TSP or 403(b) Direct Rollover Deposit – Check will be made payable to the receiving custodian.
Type of plan receiving IRA assets: 401(k) 403(b) TSP 457 plan other employer sponsored qualified plan

Receiving Custodian		Account Number	
Mailing Address	City	State	Zip Code

- 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.)

7. 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 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 _____ %

8. Tax ID Certification and Participant Authorization

I certify that I am the individual authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, Pax World Funds, or any agent of either of them has given no tax or legal advice to me, 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 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 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.

Taxpayer Identification Number Certification

A. Under penalties of perjury, I certify that:

- I am a U.S. Person (including resident alien);
- The Social Security/Tax ID number provided in Section 1 is my correct SSN/TIN;
- I am not subject to backup withholding due to failure to report interest or dividend income (See Backup; and
- I am not subject to FATCA reporting.

Check the boxes below, if applicable:

- I am subject to backup withholding due to the failure to report interest or dividend income.
- I am subject to FATCA reporting.

B. I am not a U.S. citizen or other U.S. person (including a U.S. resident alien).

I am a citizen of _____. Attach the applicable IRS Form W-8 (BEN, BEN-E, ECI, EXP, IMY)

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 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