



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

New Account Application - Class A Shares

Do not use this application to open an IRA or other retirement account. For help filling out this form, please call 800.372.7827 between 8AM and 6PM ET M-F.

Important Information about procedures for opening a new account To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. Your account may be restricted and/or closed if we cannot verify your information. We will not be responsible for any losses or damages resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account.

Inactive Account Notice You should be aware that if no activity occurs in your account within the time period specified by applicable state law, your account may be closed and the proceeds transferred to the appropriate state.

1. Type of Account

- Individual (complete A)
- Joint Tenants (complete A and B)
- Gift/Transfer to Minor (complete C)
- Trust (complete D and F)
- Corporation or Other Entity (complete E and F)

A. Individual Account/Joint Account Primary Owner

| | | |
|--|----------------|-----------------------------------|
| First Name | Middle Initial | Last Name |
| Social Security/Tax ID No. (required) | | Birthdate (mm/dd/yyyy) (required) |
| Citizen of: <input type="checkbox"/> U.S. <input type="checkbox"/> Other* (specify): | | |

B. Joint Account Secondary Owner Joint Tenants will have rights of survivorship unless otherwise specified.

| | | |
|--|----------------|-----------------------------------|
| First Name | Middle Initial | Last Name |
| Social Security/Tax ID No. (required) | | Birthdate (mm/dd/yyyy) (required) |
| Citizen of: <input type="checkbox"/> U.S. <input type="checkbox"/> Other* (specify): | | |

* For any non-U.S. government ID, attach copy of ID document and indicate ID type, country of issuance and country of birth:

Individual 1:

Individual 2:

C. Gift/Transfer to Minor Account

| | | |
|---|-----------------------------------|-----------------------------------|
| Custodian Name (only one permitted) | Birthdate (mm/dd/yyyy) (required) | Social Security Number (required) |
| As Custodian, under the _____ (state) Uniform Gifts/Transfers to Minors Act, for: | | |
| Minor Name (only one permitted) | Birthdate (mm/dd/yyyy) (required) | Social Security Number (required) |

D. Trust Account Please provide a copy of the first page and signature page of the trust agreement, along with the page(s) that name the trustees.

| | |
|-----------------------------|---------------------------------------|
| Name of Trust | Date of Trust (mm/dd/yyyy) (required) |
| Name of Trustee | Name of Second Trustee (if any) |
| Trust Tax ID No. (required) | |

E. Corporation/Other Entity Account Please indicate your corporate tax status: C Corporation S Corporation Partnership

State or Government Agency Other _____

Type of Business or Entity

Please provide certified copy of organizational documents such as Corporate Resolution or Partnership Agreement.

| | |
|-------------------------------------|-----------------------|
| Name of Corporation or Other Entity | Tax ID No. (required) |
|-------------------------------------|-----------------------|

For Non-U.S. Entities: Is your company any of the following: A bank organized and located outside the United States; a foreign office, agent or branch of a U.S. covered financial institution*; money transmitter; currency dealer or exchanger; or a company that if located in the U.S. would be required to register as a mutual fund, securities broker-dealer or a futures commission merchant?

Yes No If yes, please provide business classification: _____

*A "U.S. covered financial institution" is generally any of the following: A bank; a credit union; a savings association; a corporation acting under section 25A of the Federal Reserve Act; a trust bank or company; a securities broker-dealer; a futures commission merchant; an introducing broker; or a mutual fund.

F. Authorized Persons Required for Trust, Corporation/Other Entity accounts; please provide the following information for each individual authorized to trade on the account.

1.

| | | | |
|--|----------------|-----------------------------------|--|
| First Name | Middle Initial | Last Name | Title (i.e. president, treasurer, trustee) |
| Street Address (required; PO Box not permitted, except APO or FPO) | | City | State Zip Code |
| Social Security/Tax ID No. (required) | | Birthdate (mm/dd/yyyy) (required) | |

Citizen of: U.S. Other* (specify):

2.

| | | | |
|--|----------------|-----------------------------------|--|
| First Name | Middle Initial | Last Name | Title (i.e. president, treasurer, trustee) |
| Street Address (required; PO Box not permitted, except APO or FPO) | | City | State Zip Code |
| Social Security/Tax ID No. (required) | | Birthdate (mm/dd/yyyy) (required) | |

Citizen of: U.S. Other* (specify):

* For any non-U.S. government ID, attach copy of ID document and indicate ID type, country of issuance and country of birth:

Individual 1: _____ Individual 2: _____

Check here if extra pages are attached for additional Authorized Persons.

2. Address of Record

| | | | |
|--|---------------|-------|----------|
| Street Address (required; PO Box not permitted, except APO or FPO) | City | State | Zip Code |
| Joint Account Owner's Street Address (required; PO Box not permitted, except APO or FPO) | | | |
| Mailing Address (if different from above) | | | |
| () | | | |
| Contact Telephone | Email Address | | |

3. Purchase at NAV

NAV Employee Exemption - I am an employee of the Adviser or Subadviser, an employee of a dealer or registered investment adviser authorized to sell the Funds, or other qualified individual as defined in the Sales Charges section of the statement of additional information, or a spouse, domestic partner, parent or minor child of any of the above.

Employer Name _____

NAV for WRAP program or RIA (Registered Investment Advisor)

4. Financial Advisor Information (required)

To be completed by your financial professional

By designating a broker/dealer, I/we hereby authorize the Fund and its transfer agent to accept instructions from, and transmit information to, such designee concerning my/our account(s). RIA's and other financial advisors without selling agreements with Pax World will receive duplicate statements only and will not be authorized to provide instructions for transactions or account changes.

RIA check here. Advisor information is required unless you indicated the Employee Exemption above.

| | | | |
|--------------------------|-------------------|---------------|-------------|
| Firm Name | Dealer Number | Branch Number | Rep. Number |
| Branch Address | City | State | Zip Code |
| Representative's Name | () | | |
| Representative Signature | Contact Telephone | | |
| | Date | | |

5. Your Initial Investment

I have enclosed a check made payable to Pax World Funds in the amount of \$_____ (minimum \$1000)

Please purchase shares in the following Funds:

| | | | Dividends | | Capital Gains | |
|---------------------------------------|----------|-----------------------------|--|--------------------------|--------------------------|--------------------------|
| | | | <small>(If no selection is made or you participate in the Global Citizen Program, dividends and capital gains will be reinvested.)</small> | | | |
| | | | Cash* | Reinvest | Cash* | Reinvest |
| Pax ESG Beta® Quality Fund | \$ _____ | Class A; min. \$1000 (3092) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pax Small Cap Fund | \$ _____ | Class A; min. \$1000 (3098) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pax Global Environmental Markets Fund | \$ _____ | Class A; min. \$1000 (3099) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pax High Yield Bond Fund | \$ _____ | Class A; min. \$1000 (3094) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* Check here, and complete Section 8B, to have your cash dividends and/or capital gains electronically transmitted to your bank account.

The Pax World Global Citizen Program enables shareholders to donate a portion of their dividends and/or capital gains to one of two non-profit organizations that support Pax World’s mission: Mercy Corps and Women Thrive Alliance. For additional information on these organizations visit www.paxworld.com/global-citizen. **Please note: Any portion of the Dividend or Capital Gain that you receive will be reinvested.**

Please designate a portion of my Pax World Capital Gains and/or income Dividends to **Mercy Corps**:

| | |
|---|---|
| Fund Name: _____ | Fund Name: _____ |
| Capital Gains: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% | Capital Gains: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% |
| Income Dividends: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% | Income Dividends: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% |

Please designate a portion of my Pax World Capital Gains and/or income Dividends to **Women Thrive Alliance**:

| | |
|---|---|
| Fund Name: _____ | Fund Name: _____ |
| Capital Gains: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% | Capital Gains: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% |
| Income Dividends: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% | Income Dividends: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% |

Mercy Corps and Women Thrive Alliance are non-profit philanthropic organizations not otherwise affiliated with Pax World. All donations to these organizations are tax-deductible as allowed by law. Your participation in the Global Citizen Program and designation to Mercy Corps or Women Thrive Alliance will continue until you notify Pax World that you would like to discontinue your participation in the program. Thank you for your support of these very worthwhile organizations.

6. Cost Basis Method

Your cost basis election will be used to calculate the gain or loss on sales of mutual funds shares, for eligible accounts, acquired after January 1, 2012. Your election will apply to all funds you are opening. To choose a different method for each fund, please attach a letter of instruction signed by all account owners.

If you do not elect a cost basis method the Fund Default of **Average Cost** will apply.

- Average Cost (default method) First In, First Out (FIFO) Last In, First Out (LIFO)
- Highest Cost, First Out (HIFO) Lowest Cost, First Out (LOFO) Loss/Gain Utilization (LGUT)
- Specific Lot Identification (SLID)

Secondary Accounting Method Selection (Average Cost is NOT a valid secondary method) _____
 If you do not choose a valid secondary method, FIFO will be used. Write selection here

Please visit www.paxworld.com/costbasis for more information regarding cost basis.

7. Reduced Sales Charges

Right of Accumulation - (You can add the amount of this purchase of Class A shares of one or more of the Funds to the value of your existing accounts, including accounts owned by your spouse, domestic partner and minor children, to obtain a breakpoint discount.) I apply for Rights of Accumulation, subject to confirmation of the following holdings of Class A, Individual Investor or Institutional shares.

List account numbers to be linked for the reduced sales charge. If additional accounts are included, attach and sign a separate sheet.

| | | | |
|-----------|----------|---------------|------|
| Fund Name | Account# | Account Owner | SSN# |
| Fund Name | Account# | Account Owner | SSN# |
| Fund Name | Account# | Account Owner | SSN# |

Statement of Intention - (You agree to make purchases of Class A shares in a specified amount within a period of 13 months. For each purchase you make under the statement of intention, you will pay the initial sales charge applicable to the total amount you have agreed to purchase.) I agree to the Statement of Intention provisions of the prospectus. While I am not obligated, over 13 months beginning with the date of this purchase, I intend to invest an aggregate amount in the Pax World Mutual Funds at least equal to (check appropriate box):

- \$50,000
 \$100,000
 \$250,000
 \$500,000
 \$1,000,000

If I do not purchase the full amount of shares indicated within 13 months, the applicable Fund or Funds can redeem shares from my account(s) to satisfy the difference in the sales charge that I would have paid in the absence of the statement of intention.

Please refer to the prospectus for more detailed information on these and other ways to qualify for reduced or waived sales charges.

8. Select Your Account Options

A. Please select the options you wish to add to your account:

Telephone/Online Exchange, Purchase and Redemption

Your account will automatically be coded with Telephone/Online Purchase, Telephone/Online Exchange and Telephone/Online Redemption Privileges, unless you check a box below to decline these privileges. If you do not provide banking information in Section B, Telephone/Online Redemptions will be mailed via check to your address of record.

- Decline Telephone/Online Purchase
 Decline Telephone/Online Exchange
 Decline Telephone/Online Redemption

Please review the rules set forth in the prospectus regarding Telephone and Online transactions. Neither Pax World nor its transfer agent will be liable for any loss, liability, cost or expense for acting upon requests reasonably believed to be genuine. We reserve the right to modify, limit the use of, or terminate these privileges at any time.

Automatic Investment (Section B is required for this option) – allows you to invest automatically each month or quarter by electronically debiting your checking or savings account. Funds are transferred via the Automated Clearing House (ACH) system, and the plan may take up to 10 days to become effective.

Please invest \$ _____ (minimum \$50 per account) on the _____ day of each month or quarter, beginning in the month of _____. If no day or frequency is selected, investments will be made into the selected fund(s) on the 20th day of each month.

If the selected date falls on a weekend or holiday, your Automatic Investment will take place on the next available business day. You will receive quarterly confirmations of these transactions.

Please automatically purchase into the following Fund(s):

- Fund _____ \$ _____ or _____ % (min. \$50)
 Fund _____ \$ _____ or _____ % (min. \$50)
 Fund _____ \$ _____ or _____ % (min. \$50)

I hereby authorize the Fund and its transfer agent to honor instructions processed under the above-selected account options to purchase/exchange/redeem shares when directed and as specified, by transmitting the proceeds, as applicable, to me at my address of record or by debiting/crediting my preauthorized bank account. I hereby ratify any such instructions and agree to indemnify the Fund and its transfer agent from any loss, liability, cost, damage and expense for acting upon such instructions. I understand that if I submit a change of address certain privileges will be suspended for a period of 30 days, and that all checks will be issued in the name(s) of all registered owner(s).

B. Please provide your bank account information

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.

You are hereby authorized to pay and charge to my account debits drawn on my account by and payable to the order of Pax World Mutual Funds. This authority is to remain in effect until revoked by me in writing and, until you receive such notice, I agree you shall be fully protected in honoring any such check. I further agree that if any such check is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever. This option, if exercised, shall become part of the account application and the terms, representations and conditions thereof.

9. Consent for E-Delivery

If you elect E-Delivery, you will receive a notification to the email address provided in Section 2 informing you when a document is available for viewing at www.paxworld.com.

You may view, change or revoke your E-Delivery preferences and the email address we have on file for you at any time by logging into our online account access system at www.paxworld.com. Confidential account information will not be sent to you or requested from you via email.

Document Types for E-Delivery:

- | | | |
|---|--|--|
| <input type="checkbox"/> Prospectus | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Semi-Annual Report |
| <input type="checkbox"/> Quarterly Statements | <input type="checkbox"/> Tax Forms | <input type="checkbox"/> Proxy Materials |
| | | <input type="checkbox"/> Transaction Confirmations |

10. Your Signature

All registered account owners or legal representatives must sign this section before the Fund can open your account. The undersigned warrant(s) that the undersigned has (have) full authority and is (are) of legal age to purchase shares of the Fund and has (have) received and read a current prospectus of the Fund and agree(s) to its terms. The Fund and its transfer agent shall not be liable for acting upon instructions or inquiries believed to be genuine.

Taxpayer Identification Number Certification

As required by Federal law, I/we certify under penalties of perjury that:

1. The Social Security Number or Taxpayer Identification Number listed above is correct, and
2. I/we HAVE NOT been notified by the IRS that I/we am/are subject to backup withholding (Check this box if you ARE subject to backup withholding), and
3. I/we am/are a U.S. person (including a U.S. resident alien).
4. The FATCA code(s) entered on this line (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

| | | |
|-----------|--|------|
| | | |
| Signature | | Date |

| | | |
|-----------|--|------|
| | | |
| Signature | | Date |