



Pax World Mutual Funds

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

Shareholder Service Form

Use this form to:

- Authorize or Remove Telephone and Online Exchange, Purchase and Redemption privileges;
- Establish an Automatic Investment Plan for your Pax World account;
- Establish a Systematic Withdrawal Plan for your Pax World account;
- Provide banking information for the electronic transfer of funds between your Pax World account(s) and your checking or savings
- Update your Cost Basis Method;
- Update your Distribution options for dividends and capital gains;
- Update your address.

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

A. Please tell us about your existing account(s):

Account Number	Share Class		
Account Number	Share Class		
Account Owner's Name	Social Security/Tax ID No.	Date of Birth	
Joint Account Owner's Name	Social Security/Tax ID No.	Date of Birth	
Mailing Address ()	City	State	Zip Code
Contact Phone	Email Address		

Check here if contact information above is new. The new information will replace the information currently on file.

B. Please check the options you wish to add to your account:

Telephone/Online Exchange – To move funds between identically registered accounts.

- Add to the above listed account(s) Remove from the above listed account(s)

Telephone/Online Purchase – To purchase funds in the above listed account(s) electronically debiting your bank account. (Section C is required for this option)

- Add to the above listed account(s) Remove from the above listed account(s)

Telephone/Online Redemption – Section C is required to electronically transmit redemption proceeds to your bank account. If the box to add is checked and Section C is not completed, Telephone or Online Redemptions will be mailed to your address of record.

- Add to the above listed account(s) Remove from the above listed account(s)

Telephone/Online Redemptions are not permitted for 403(b) accounts. Certain normal and premature distributions can be accepted by telephone (not online) for your Traditional, Rollover, SEP, and/or Roth IRA, or your Coverdell ESA. Transfer of assets, removal of excess contributions, death, disability or divorce distributions and any other special situations require that a written withdrawal authorization be mailed.

Automatic Investment Plan – 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.

IRA accounts: Contributions made via Automatic Investment Plan will be considered current year contributions.

SEP IRA accounts: Please indicate the contribution type: Employer Personal IRA (If undesignated, contribution will be considered current year employer)

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

Fund Name:	Amount: \$	(Min. \$50) or	%
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Please attach a voided, unsigned check or savings deposit slip for the bank account to be used in conjunction with electronic (ACH) transactions. If you are unable to provide a voided check or deposit slip, all owners must have their signatures on this form notarized (Section F). Signature notarization is waived if the name(s) provided match the Pax World account registration exactly.

Any existing bank information for Automatic Investment will be removed from your account and replaced with the following New Bank Information.

Bank Name	Name(s) on Bank Account	
Bank Routing/ABA Number	Bank Account Number	This is a: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account

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

Systematic Withdrawal Plan – Allows you to automatically withdraw a fixed amount from your Pax World account. If you provide bank information below, these redemptions can be electronically transmitted to your bank account via the Automated Clearing House (ACH) system. If no bank is provided, you may have a check mailed to your address of record. The plan may take up to 10 calendar days to become effective. (Note for use with IRA accounts – Please use the applicable IRA Withdrawal form).

Please withdraw \$ _____ or _____ shares on the _____ day monthly quarterly semi-annually or annually, beginning in the month of _____. If you do not select a date for Systematic Withdrawal, the 20th of the month will be selected as the withdrawal date. *If the selected date falls on a weekend or holiday, your Systematic Withdrawal will take place on the next available business day.*

Fund Name:	Amount: \$	(Min. \$50) or	%
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Fund Name:	Amount: \$	(Min. \$50) or	%

Please attach a voided, unsigned check or savings deposit slip for the bank account to be used in conjunction with electronic (ACH) transactions. If you are unable to provide a voided check or deposit slip, all owners must have their signatures on this form notarized (Section F). Signature notarization is waived if the name(s) provided match the Pax World account registration exactly.

Any existing bank information for Automatic Investment will be removed from your account and replaced with the following New Bank Information.

Bank Name	Name(s) on Bank Account	
Bank Routing/ABA Number	Bank Account Number	This is a: <input type="checkbox"/> Checking <input type="checkbox"/> 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 charge to my account debits drawn on my account by and payable to the order of Pax World 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.

C. Bank Account Information for On Request Purchase and Redemption

Please attach a voided, unsigned check or savings deposit slip for the bank account to be used in conjunction with electronic (ACH) transactions for on request purchases and/or redemptions. If you are unable to provide a voided check or deposit slip, all owners must have their signatures on this form notarized (see Section F). Signature notarization is waived if the name(s) provided match the Pax World account registration exactly.

Any Existing Bank Information will be removed from your account(s) and replaced with the following New Bank Information:

Bank Name	Name(s) on Bank Account	
Bank Routing/ABA Number	Bank Account Number	This is a: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account

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

