



**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

## Request for Transfer of Non-Retirement Account Assets

Complete this form to request a transfer of assets for a **non-retirement** account. Please contact your current fund company to determine if any additional documentation is needed to facilitate the request. For help filling out this form please call 1(800) 372-7827 between 8AM and 6PM ET M-F.

### 1. Personal Information

Account Owner's Name		Joint Account Owner's Name	
Street Address ( )	City	State	Zip Code
Contact Telephone	Email Address		

Check here if contact information above is new.

### 2. Please tell us where to invest. Complete items A and B.

A.  I am opening a new account and have attached the required application.

Deposit the proceeds into my existing account # \_\_\_\_\_

B. Please purchase into the following fund(s):

Pax Large Cap Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3050)
Pax Mid Cap Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3043)
Pax Small Cap Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3048); <input type="checkbox"/> Class A (3098)
Pax ESG Beta® Quality Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3042); <input type="checkbox"/> Class A (3092)
Pax ESG Beta® Dividend Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3041)
Pax MSCI EAFE ESG Leaders Index Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3047)
Pax Ellevest Global Women's Leadership Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3046)
Pax Global Environmental Markets Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3049); <input type="checkbox"/> Class A (3099)
Pax Balanced Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3040)
Pax Core Bond Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3045)
Pax High Yield Bond Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3044); <input type="checkbox"/> Class A (3094)

### 3. Please authorize the transfer from your current fund company.

- To avoid delays check with your current fund company for their correct address and if they require a Medallion Signature Guarantee.
- If possible attach a copy of a current statement.

Name of Current Fund Company		Account Number	
Mailing Address of Current Fund Company ( )	City	State	Zip Code
Contact Telephone of Fund Company			

I authorize the following transfer request (please check one):

Liquidate my entire account

Liquidate the following portion of my account

Fund Name or Type of Investment: \_\_\_\_\_

Entire Account  Partial Account \$: \_\_\_\_\_ OR \_\_\_\_\_ SHARES

Fund Name or Type of Investment: \_\_\_\_\_

Entire Account  Partial Account \$: \_\_\_\_\_ OR \_\_\_\_\_ SHARES

Fund Name or Type of Investment: \_\_\_\_\_

Entire Account  Partial Account \$: \_\_\_\_\_ OR \_\_\_\_\_ SHARES

Make check payable to: Pax World Funds, FBO \_\_\_\_\_

Pax World Account Owner(s)

Transfer In Kind

Fund Name : \_\_\_\_\_

Entire Account  Partial Account \$: \_\_\_\_\_ OR \_\_\_\_\_ SHARES

Fund Name : \_\_\_\_\_

Entire Account  Partial Account \$: \_\_\_\_\_ OR \_\_\_\_\_ SHARES

Fund Name : \_\_\_\_\_

Entire Account  Partial Account \$: \_\_\_\_\_ OR \_\_\_\_\_ SHARES

\_\_\_\_\_  
Signature of Account Owner | Date

\_\_\_\_\_  
Signature of Joint Account Owner | Date

**Medallion Signature Guarantee (if required by your current fund company):** 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.

**MSG (if required)**

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Notes to the Delivering Firm:

**Please Do Not send Retirement account assets, this form is for Non-Retirement transfers only.**

Send Proceeds or Transfer in Kind Authorization form (as applicable) to:  
PO Box 9824, Providence, RI 02940-8024

I authorize the Liquidation or Transfer In Kind as noted above to my Pax World account and authorize Pax World to process this request on my behalf. I understand it is my responsibility to assure the prompt transfer of assets by the current fund company.