



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

Shareholder Mailing Form

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

Select all options you wish to update below:

- To change your address, complete section A, check the box to indicate it is new information, then sign in section E.
- Update your E-Delivery options. Complete sections A, B and E.
- Add a recipient to receive copies of your quarterly statement and/or transaction confirmations. Complete sections A, C and E.
- Link accounts with different registrations to a single quarterly account statement and Online Access User ID.

A. Current Account Information

Account Number		Share Class		
Owner's First Name (or Trustee, Custodian, etc.)	Middle Initial	Last Name		Social Security/Tax ID No.
Joint Owner's First Name (or Trustee, Custodian, etc.)	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.

B. Consent for E-Delivery

If you elect E-Delivery, you will receive a notification to the email address provided in Section A, informing you when a document is available for viewing at www.paxworld.com. Elections made on this form will replace your current options for all accounts listed in section A.

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 |

C. Duplicate Statements

Please note that anyone added to your account to receive documents will also be authorized to receive information about your account by telephone. They will not be authorized to make changes or place trades on your account. Indicate the documents to be delivered to the interested party. Check one or both.

- Quarterly Statements Transaction Confirmations

Mail Statements to:

Name (or Trustee, Custodian, etc.)	Company (if any)		Contact Phone
Mailing Address	City	State	Zip Code

D. Combined Account Statements/Online Account Access

Link eligible accounts registered under different Social Security/Tax ID Numbers to a single account statement and to a single User ID for Online Account Access. All accounts must have the same address of record in order to be combined. If this option is selected, all eligible accounts registered under each owner's Social Security/Tax ID Number will be combined. Eligible accounts include: Individual/Joint (including Transfer on Death registrations), Trust, Custodial (UTMA/UGMA, and Coverdell ESA), and Individual Retirement Accounts (Traditional IRA, Roth IRA, SEP-IRA, and SIMPLE IRA).

The information on combined statements or under a single User ID will be available to all owners/authorized individuals. All owners/authorized individuals must sign and date this form.

Link the following account(s) with the account provided in section A.

Check here if you have attached a separate sheet with additional accounts.

Account Number	Name(s) on Account
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Account Number	Name(s) on Account
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Account Number	Name(s) on Account
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By signing below I acknowledge that the information on any combined account statements/Online Account Access will be available to each individual who signs below. I will be solely responsible for all requests for transactions and information (and the use of the information) transmitted through Online Account Access for my account(s). I agree that any such requests and information communicated to the Fund through the use of Online Account Access will be considered to have been sent by me. The Fund is not obligated to inquire as to the authority or accuracy of my instructions transmitted through Online Account Access and will be entitled to act upon my instructions; and the Fund will not be liable for any loss, expense or other liability arising out of my instructions transmitted through Online Account Access.

E. Please sign here.

All registered owners or authorized signers must sign below. If you are an authorized signer, such as custodian, responsible individual or trustee, please include this capacity following your signature.

Signature of Account Owner or Authorized Individual	Date
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Signature of Joint Account Owner (if applicable)	Date
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