



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

## SIMPLE IRA Application and Adoption Agreement - Class A Shares

For help with 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 U.S. government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies persons opening accounts. To comply, we require your name, address, date of birth and government-issued identification number (generally, a Social Security Number) and other information that may help us identify you. We may ask for copies of related documentation and we may consult third-party databases to help verify your identity. I have read and I understand the Disclosure Statement which explains the risks of opening this account if I do not provide all requested identification materials or if my identity cannot be adequately verified in accordance with U.S. Government requirements.

**State Unclaimed Property Law Disclosure** The assets in your custodial account are subject to state unclaimed property laws which provide that if no activity occurs in your account within the time period specified by the particular state law, your assets must be transferred to the appropriate state.

### 1. Personal Information

First Name	Middle Initial	Last Name	Social Security/Tax ID No.
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Street Address (required: PO Box not permitted, except APO or FPO)	City	State	Zip Code
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Mailing Address (if different from above)

Birthdate (mm/dd/yyyy)	Contact Telephone	Email Address
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A copy of your employer's 5304 SIMPLE Form or SIMPLE Adoption Agreement must accompany this document in order to establish your SIMPLE IRA. Your employer's plan must permit each eligible employee to select a financial institution that will serve as the custodian, trustee or issuer of the SIMPLE IRA.

Employer's Name	Telephone
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Employer's Address	City	State	Zip Code
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Check this box if this is a transfer from another SIMPLE IRA. Please complete the "Transfer of Assets" form.

Check this box if this is a rollover from another SIMPLE IRA. Initial Participation Date: \_\_\_\_\_

### 2. Purchase at NAV

NAV Employee Exemption - I am an employee of the Advisor 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)

### 3. 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		( ) Contact Telephone	
Representative Signature		Date	

### 4. Please tell us where to invest

Please invest all of my contributions as indicated below. I am aware that I must notify my employer directly of any changes.

Check this box if you have included the Annual Custodial Maintenance Fee of \$12.00.

Pax ESG Beta® Quality Fund	\$: _____	Class A (3092)
Pax Small Cap Fund	\$. _____	Class A (3098)
Pax Global Environmental Markets Fund	\$. _____	Class A (3099)
Pax High Yield Bond Fund	\$. _____	Class A (3094)

### 5. 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.

## 6. Select Your Account Options

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

#### Telephone/Online Exchange and Redemption

Your account will automatically be coded with the Telephone/Online Exchange and Telephone/Online Redemption Privilege, unless you check the box below to decline the privilege. Telephone/Online Purchase is not available for SIMPLE IRA accounts.

Decline Telephone/Online Exchange       Decline Telephone/Online Redemption

Please review the rules set forth in the prospectus and the SIMPLE IRA Agreement 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 reasonable believed to be genuine. We reserve the right to modify, limit the use of, or terminate these privileges at any time.

### 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	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.

You are hereby requested and 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 actually 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.

## 7. Beneficiary Designation

Check here if you have attached a separate sheet with additional Primary or Contingent Beneficiaries; sign and date this sheet.

Primary Beneficiary       Contingent Beneficiary

Name of Beneficiary			Social Security/Tax ID No.
Street Address	City	State	Zip Code
Birthdate (mm/dd/yyyy)	Relationship	% of Distribution	
<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary		

Name of Beneficiary			Social Security/Tax ID No.
Street Address	City	State	Zip Code
Birthdate (mm/dd/yyyy)	Relationship	% of Distribution	

The share percentage must equal 100% for all Primary or all Contingent Beneficiaries. If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s).

Depositor's Designation: In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). You may change your beneficiaries at any time by giving written notice to the Custodian. If you do not designate a beneficiary, or the beneficiary(ies) you designate predecease you, your surviving spouse will become the beneficiary of your SIMPLE IRA account. If no surviving spouse or unmarried, your estate will become the beneficiary of your SIMPLE IRA account.

Consent of the Depositor's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than, or in addition to, the Depositor's Spouse. Disclaimer for Community and Marital Property States: The depositor's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, Pax World Mutual Funds and the Custodian specifically disclaim any warranty as to the effectiveness of the Depositor's beneficiary designation or as to the ownership of the account after the death of the Depositor's Spouse. For additional information, please consult your legal advisor.

**I consent to the Beneficiary Designation.**\_\_\_\_\_  
Signature of Depositor's Spouse (if applicable)\_\_\_\_\_  
Date\_\_\_\_\_  
Witness\_\_\_\_\_  
Date**8. 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](http://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](http://www.paxworld.com). Confidential account information will not be sent to you or requested from you via email.

**Document Types for E-Delivery:** Prospectus Annual Report Semi-Annual Report Quarterly Statements Tax Forms Proxy Materials Transaction Confirmations**9. Terms and Conditions of the SIMPLE IRA Adoption Agreement**

I, the Depositor, acknowledge receiving and reading the SIMPLE IRA Application Instructions, SIMPLE Individual Retirement Account Disclosure Statement, SIMPLE Individual Retirement Custodial Account Agreement and Privacy Notice (the "Account Documents"). I acknowledge receiving and reading the current prospectus for each Mutual Fund I may have designated for investment. The Custodian, upon proper instructions from me, is authorized to exchange units of one Eligible Asset for units of any other Eligible Asset and to purchase units of any Eligible Asset with the proceeds of any redemption. Article VIII, Section 23 of the Custodial Account Agreement authorizes the Custodian to take or to omit to take certain actions in the event assets or property in my SIMPLE IRA Account are liquidated and the Custodian does not receive timely instructions it can reasonably or practicably carry out and I agree to said Section 23.

I hereby establish a SIMPLE IRA and agree to participate under the terms and conditions contained in the Account Documents and these pages titled "SIMPLE IRA APPLICATION AND ADOPTION AGREEMENT" (the "Full Agreement"). I acknowledge receipt of a copy of the plan document under which this SIMPLE IRA is established. I agree that this SIMPLE IRA becomes effective only upon written acceptance by the Custodian and that such written acceptance will consist of a confirmation of transaction statement. I also agree that the Custodian may amend (add to, delete from or revise) any term of the Full Agreement at any time by notice to me and that my sole remedy if I disagree with the amendment is to transfer funds in the SIMPLE IRA Account to another custodian. I agree that the Full Agreement is binding on me and on my successors in interest.

**Custodial Fees:** \$12.00 annual maintenance fee per year. This fee is owed and due for each full and partial calendar year that the SIMPLE IRA Account is open. The depositor may pay the fee with funds other than those in the SIMPLE IRA Account ("non-custodial funds"). If the fee for a calendar year is not paid by the depositor from non-custodial funds by the date reasonably designated by the Custodian or prior to closing the SIMPLE IRA Account, the Custodian is authorized to deduct the fee from funds in the SIMPLE IRA Account at any time immediately after such payment due date or immediately after receiving instructions to close the SIMPLE IRA Account. The Custodian is authorized to change the fee but will give at least 30 days written notice to the depositor of any fee change. The Custodian will keep those records, identify and file returns and provide other information concerning the SIMPLE IRA as required of custodians by the Internal Revenue Code and any regulations issued or forms adopted by the Internal Revenue Service or U.S. Treasury Department ("IRS").

I direct that upon my death benefits be paid to my properly designated beneficiaries. In the event this is a rollover contribution, I hereby irrevocably elect, pursuant to Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution. If I named a Trust as beneficiary, I understand I must provide certain information concerning such Trust to the Custodian. I (the Depositor) certify under penalties of perjury that (i) all information I have provided on this form or otherwise in connection with establishing my SIMPLE IRA is true, correct, and complete, (ii) I am a U.S. person (including a U.S. resident alien) and that my Social Security Number is true, correct and complete and that this number is my Taxpayer Identification Number, and (iii) I am not subject to FATCA reporting.

\_\_\_\_\_  
Signature of Depositor\_\_\_\_\_  
Date