



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
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## Shareholder Service Form

**Use this form to:**

1. Authorize Telephone and Internet Exchange, Purchase and Redemption\* privileges;
2. Provide banking information for the Electronic Transfer of Funds between your Pax World account(s) and your checking or savings account;
3. Establish an Automatic Investment Plan for your Pax World account.
4. Establish a Systematic Withdrawal Plan for your Pax World account.
5. Update your Cost Basis Method.
6. Update your Distribution options.
7. To change your address, complete section A, check the box to indicate it is new information, then sign in section F.

For help with filling out this form please call Shareholder Services at 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.		
Joint Account Owner's Name	Social Security/Tax ID No.		
Mailing Address ( )	City	State	Zip Code
Contact Phone	Email Address		

Check here if contact information above is new.

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

- Telephone/Online Exchange** – allows you to move funds between identically registered accounts.
- Telephone/Online Purchase (Section C is required for this option)** – allows you to purchase funds by electronically debiting your checking or savings account.
- Telephone/Online Redemption** – complete Section C below to allow Telephone or Online Redemptions\* to be electronically transmitted to your bank account. If this box is checked and Section C is not completed, Telephone or Online Redemptions\* will be mailed to your address of record.
- Automatic Investment Plan (Section C 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 takes approximately 20 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 you do not select a date for Automatic Investment, the 20th of the month will be selected as the investment date.

*If the selected date falls on a weekend or holiday, your Automatic Investment will take place on the next available business day.*

Please automatically purchase into the following Fund(s):

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

**Systematic Withdrawal Plan** – allows you to automatically withdraw a fixed amount from your Pax World account. Complete Section C below to allow Systematic Withdrawals to be electronically transmitted to your bank account via the Automated Clearing House (ACH) system, or you may have a check mailed to your address of record. The plan takes approximately 20 days to become effective. (Not 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 25th 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.*

Please automatically withdraw from the following Fund(s):

Fund Name:	Amount: \$	or	%
Fund Name:	Amount: \$	or	%
Fund Name:	Amount: \$	or	%

*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).*

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

**C. 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. In order to add banking instructions to your account for any purpose other than an Automatic Investment Plan, all owners must have their signatures on this form guaranteed with a Medallion Signature Guarantee (see below Section F).

Check if applicable:  Remove the Existing Bank Information from my account and REPLACE it with the following New Bank Information  
 Add the following Bank Information to my account in ADDITION to any existing Bank Information.

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 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.*

**D. 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. To choose a different method for each fund, please attach a letter of instruction signed by all account owners.

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

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](http://www.paxworld.com/costbasis) for more information regarding cost basis.

**E. Distribution Options**

**Dividends:**  Cash\*  Reinvest  
**Capital Gains:**  Cash\*  Reinvest

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

**F. Please sign here. All registered owners must sign below.**

If you are adding bank information to your account (section C) for any purpose other than an Automatic Investment Plan, all registered owners must have their signature(s) guaranteed by an eligible guarantor institution.

The Signature Validation Program (SVP) Stamp is intended to provide a signature guarantee for those transactions considered non-financial in nature. The SVP Stamp on a document assures the signature on the document is genuine, the signer was known by or satisfactorily identified by the guarantor and the signer had the authority to sign the document. In the event the bank or financial institution does not offer the SVP Stamp, a Medallion Guarantee Stamp will be accepted.

The SVP Stamp and the Medallion Guarantee Stamp may be obtained from an eligible guarantor of the Medallion Guarantee Program, which includes commercial banks, trust companies, savings associations and credit unions, as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. Non bar-coded guarantees or stamps from a Notary Public are not acceptable. All bar-coded guarantees must be legible. For those signing in a capacity other than the account owner, a capacity must be indicated beside or beneath the signature. Prior to signing, contact the guarantor to determine what documentation needs to be provided.

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

**SVP/MSG (if required)**

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

**SVP/MSG (if required)**