



**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

## Change of Beneficiary Form

Use this form to update the beneficiary information for your Traditional IRA, Roth IRA, Rollover IRA, SEP IRA, SIMPLE IRA or 403(b) account. For Individual or Joint Tenant non-retirement accounts, please use the Transfer on Death (TOD) Form to update beneficiary designation. The share percentage must equal 100% for all Primary Beneficiaries and 100% for all Contingent Beneficiaries.

Note: If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary.

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

### 1. Participant Information:

Name		
Account Number	Social Security Number	Date of Birth
Address		
City	State	Zip Code
Contact Phone	Email Address	

Check here if contact information above is new.

**Spousal Provisions for Same Sex Couples** - In accordance with federal regulations, where an individual is lawfully married to another individual, regardless of sex, both individuals shall be treated as a "spouse" for federal tax purposes. Individuals in a civil union or domestic partnership will not be treated as spouses for federal tax purposes.

**Per Stirpes Beneficiary Designations** - The Custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of the beneficiaries and the allocations thereto.

### 2. Participant's Designation

I hereby revoke any previous beneficiary 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). I understand that, unless I have specified otherwise, if I name multiple Primary Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Primary Beneficiaries. Similarly, unless I have specified otherwise, if no Primary Beneficiary survives me and I have named multiple Contingent Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Contingent Beneficiaries. I understand that I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not designate a beneficiary, or if all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my IRA. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

Primary     Contingent    (Please check one)

Name of Beneficiary (Individual or Trust)	% of Distribution	Social Security/Tax ID No. (required)	
Relationship	Birthdate or Date of Trust	Name of Guardian (if Beneficiary is a Minor)	
Beneficiary's Mailing Address	City	State	Zip Code

Primary     Contingent    (Please check one)

Name of Beneficiary (Individual or Trust)	% of Distribution	Social Security/Tax ID No. (required)	
Relationship	Birthdate or Date of Trust	Name of Guardian (if Beneficiary is a Minor)	
Beneficiary's Mailing Address	City	State	Zip Code

Primary     Contingent    (Please check one)

Name of Beneficiary (Individual or Trust)	% of Distribution	Social Security/Tax ID No. (required)	
Relationship	Birthdate or Date of Trust	Name of Guardian (if Beneficiary is a Minor)	
Beneficiary's Mailing Address	City	State	Zip Code

Primary     Contingent    (Please check one)

Name of Beneficiary	% of Distribution	Social Security/Tax ID No. (required)	
Relationship	Birthdate or Date of Trust	Name of Guardian (if Beneficiary is a Minor)	
Beneficiary's Mailing Address	City	State	Zip Code

Please check here if you have attached a separate sheet with additional beneficiary designations. Include the date and your signature.

**Community Property Disclaimer**

**Disclaimer for Community and Marital Property States:** The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, any sponsors, issuers, depositories and other persons or entities associated with the investments and the Custodian specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

**Consent of Owner's Spouse:** Spousal consent is required in community property and marital property states where an IRA Participant wishes to name a beneficiary other than, or in addition to, the spouse. Spouses of Participants who reside in community property or marital property states must sign the consent below.

I hereby consent to and join in the designation of beneficiary above. I give to the Participant any interest I have in the funds deposited in this account.

Signature of Participant's Spouse (if applicable)	Date
---	------

**3. Participant Authorization:**

Participant's Signature	Date
-------------------------	------