



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

Coverdell Education Savings Account Rollover Certification

Use this form to certify the eligibility of a rollover contribution. Rules regarding rollovers and their tax implications are complex. Please refer to IRS Publication 970 or a professional tax advisor for more information. You must complete the rollover within 60 calendar days of your receipt of that distribution.

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

1. Personal Information

Parent/Guardian of Designated Beneficiary

First Name	Middle Initial	Last Name	Social Security/Tax ID No.
Mailing Address	City	State	Zip Code
Birthdate (mm/dd/yyyy)	Contact Telephone	Email Address	

Check here if contact information above is new.

Designated Beneficiary

First Name	Middle Initial	Last Name	Social Security/Tax ID No.
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Pax World Coverdell Education Savings Account # (if applicable): _____

(If you are establishing a new Pax World Coverdell Education Savings Account, you must also complete a Coverdell Education Savings Account Application.)

2. Rollover Investment

- Coverdell ESA in the same Designated Beneficiary's name** - This is a distribution of all or part of the account from another Coverdell ESA that was registered to the same Designated Beneficiary and is being rolled over within 60 days of receipt.
- Eligible Family Member's Coverdell ESA** - This is a distribution of all or part of the account balance from a Coverdell ESA that was held in another family member's name and is being rolled over within 60 days of receipt.

3. Invest as Follows:

Amount of Rollover \$: _____

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)

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Pax MSCI EAFE ESG Leaders Index Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3047)
Pax Global Environmental Markets Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3049); <input type="checkbox"/> Class A (3099)
Pax Ellevest Global Women's Leadership Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3046)
Pax Global Opportunities Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3051)
Pax High Yield Bond Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3044); <input type="checkbox"/> Class A (3094)
Pax Core Bond Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3045)
Pax Balanced Fund	\$ _____	or _____ %	<input type="checkbox"/> Investor Class (3040)

4. Certification

I, as the Responsible Individual for the above referenced account, certify the following statements are true and correct:

The investment is an eligible Coverdell ESA rollover contribution that is being rolled over

- 1) Within the required timeframe, and
- 2) Includes only Coverdell ESA eligible assets, and
- 3) Is from another Coverdell ESA account in which the above-named Designated Beneficiary was either the original Designated Beneficiary or was an eligible family member of the Designated Beneficiary.

The property received from the distributing Coverdell ESA is the same property that is being rolled over into this Coverdell ESA.

I understand that this rollover contribution is irrevocable. I agree that I, as the Responsible Individual, am solely responsible for all tax consequences of this rollover contribution. I also agree that neither the Custodian nor Pax World Funds shall have responsibility for any such tax consequences or any consequences resulting from this amount being ineligible for rollover.

I have read, understand, and agree to be legally bound by the terms of this form. I also understand that the Custodian will rely on this form when accepting this rollover contribution.

Responsible Individual's Signature

Date