

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
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Name Change Form

If you have any questions please call 1 (800) 372-7827 between 8AM and 6PM ET M-F.

1. 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.

2. Name Update

I hereby certify that my name has been changed and the two names listed below are one and the same person. Please change my account registration to reflect my legal name change:

Print former name: _____

Print new name: _____

3. Account Owner Signature and Certifications

As required by Federal law, I certify under penalties of perjury that:

1. The Social Security Number or Taxpayer Identification Number listed above is correct, and
2. I HAVE NOT been notified by the IRS that I am subject to backup withholding (Check this box if you ARE subject to backup withholding), and
3. I am a U.S. person (including a U.S. resident alien). (If you are a foreign person, you must provide the Fund with a completed Form W-8), and
4. The FATCA code(s) entered on this line (if any) indicating that I am exempt from FATCA reporting is correct: _____ .

To complete this request you must sign with your signature and it must be notarized.

Signature	Date
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Sworn to before me this _____ day of _____, 20 _____,

Notary Public _____

My commission expires: _____

Notary Stamp (required)