

Contact Telephone of Fund Company

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

## **Request for Transfer of Non-Retirement Account Assets**

Complete this form to request a transfer of assets for a **non-retirement** account. Please contact your current fund company to determine if any additional documentation is needed to facilitate the request. For help filling out this form please call 1(800) 372-7827 between 8AM and 6PM ET M-F.

Account Owner's Name	Joint Account Owner's Name				
Street Address Ci	ty	   State		Zip Code	
( )	•			ļ	
Contact Telephone		Email Addr	ess		
☐ Check here if contact information above is new.					
2. Please tell us where to invest. Comple	ete items A and	В.			
<ul><li>A. □ I am opening a new account and have attached</li><li>□ Deposit the proceeds into my existing account</li></ul>					
B. Please purchase into the following fund(s):					
Pax Large Cap Fund	\$	or	%	☐ Investor Class (3050)	
Pax Mid Cap Fund	\$	or	%	☐ Investor Class (3043)	
Pax Small Cap Fund	\$	or	%	☐ Investor Class (3048) ☐ Class A (3098)	
Pax ESG Beta® Quality Fund	\$	or	%	☐ Investor Class (3042) ☐ Class A (3092)	
Pax ESG Beta® Dividend Fund	\$	or	%	☐ Investor Class (3041)	
Pax MSCI EAFE ESG Leaders Index Fund	\$	or	%	☐ Investor Class (3047)	
Pax Global Environmental Markets Fund	\$	or	%	☐ Investor Class (3049) ☐ Class A (3099)	
Pax Ellevate Global Women's Leadership Fund	\$	or	%	☐ Investor Class (3046)	
Pax Global Opportunities Fund	\$	or	%	☐ Investor Class (3051)	
Pax High Yield Bond Fund	\$	or	%	☐ Investor Class (3044) ☐ Class A (3094)	
Pax Core Bond Fund	\$	or	%	☐ Investor Class (3045)	
Pax Balanced Fund	\$	or	%	☐ Investor Class (3040)	
<b>3. Please authorize the transfer from yo</b> • To avoid delays check with your current fund compate • If possible attach a copy of a current statement.		• •	aire a Med	lallion Signature Guarante	
Name of Current Fund Company		Account Nu	Account Number		
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insfer request (please check or	ne):			
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ortion of my account				
e of Investment:				
☐ Partial Account \$:	OR	SHARES		
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☐ Partial Account \$:	OR	SHARES		
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Vorld Funds, FBO	Pay Warld Assaurt Owner(s)			
	rax vvolid Account Owner(s)			
☐ Partial Account \$:	OR	SHARES		
☐ Partial Account \$:	OR	SHARES		
☐ Partial Account \$:	OR	SHARES		
Date	Signature of Joint Account Owner	Date		
ring agency or savings association. The three recognized medallion edallion Program (SEMP), and	on that participates in a medallion progra n programs are the Securities Transfer Ag l the Medallion Signature Program (MSP	nm recognized by the Securities ents Medallion Program (known a		
MSG (if required)		MSG (if required)		
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Notes to the Delivering Firm:

Please Do Not send Retirement account assets, this form is for Non-Retirement transfers only.

Send Proceeds or Transfer in Kind Authorization form (as applicable) to:

PO Box 9824, Providence, RI 02940-8024

I authorize the Liquidation or Transfer In Kind as noted above to my Pax World account and authorize Pax World to process this request on my behalf. I understand it is my responsibility to assure the prompt transfer of assets by the current fund company.