



Regular mail:  
Pax World Mutual Funds  
PO Box 9824  
Providence, RI 02940-8024

Overnight mail:  
Pax World Mutual Funds  
101 Sabin Street  
Pawtucket, RI 02860-1427  
Telephone: 800.372.7827

WEB

## New Account Application

Do not use this application to open an IRA or other retirement account. For help filling out this form, please call Shareholder Services at 800.372.7827 between 8AM and 6PM ET M-F.

### Important Information about procedures for opening a new account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

#### 1. Type of Account

- Individual (complete A)
- Joint Tenants (complete A and B)
- Gift/Transfer to Minor (complete C)
- Trust (complete D and F)
- Corporation or Other Entity (complete E and F)

#### A. Individual Account/Joint Account Primary Owner

First Name	Middle Initial	Last Name
Social Security/Tax ID No. (required)		Birthdate (mm/dd/yyyy) (required)
Citizen of: <input type="checkbox"/> U.S. <input type="checkbox"/> Other* (specify):		

#### B. Joint Account Secondary Owner Joint Tenants will have rights of survivorship unless otherwise specified.

First Name	Middle Initial	Last Name
Social Security/Tax ID No. (required)		Birthdate (mm/dd/yyyy) (required)
Citizen of: <input type="checkbox"/> U.S. <input type="checkbox"/> Other* (specify):		

\* For any non-U.S. government ID, attach copy of ID document and indicate ID type, country of issuance and country of birth:

Individual 1: \_\_\_\_\_ Individual 2: \_\_\_\_\_

#### C. Gift/Transfer to Minor Account

Custodian Name (only one permitted)	Birthdate (mm/dd/yyyy) (required)	Social Security Number (required)
As Custodian, under the _____ (state) Uniform Gifts/Transfers to Minors Act, for:		
Minor Name (only one permitted)	Birthdate (mm/dd/yyyy) (required)	Social Security Number (required)

#### D. Trust Account Please provide a copy of the first page and signature page of the trust agreement, along with the page(s) that name the trustees.

Name of Trust	Date of Trust (mm/dd/yyyy) (required)
Name of Trustee	Name of Second Trustee (if any)
Tax ID No. (required)	

#### E. Corporation/Other Entity Account Please provide certified copy of organizational documents such as Corporate Resolution or Partnership Agreement.

Name of Corporation or Other Entity
Tax ID No. (required)
Type of Business or Entity (i.e. corporation, partnership, club, etc.)

**For Non-U.S. Entities:** Is your company any of the following: A bank organized and located outside the United States; a foreign office, agent or branch of a U.S. covered financial institution\*; money transmitter; currency dealer or exchanger; or a company that if located in the U.S. would be required to register as a mutual fund, securities broker-dealer or a futures commission merchant?

Yes  No If yes, please provide business classification: \_\_\_\_\_

\*A "U.S. covered financial institution" is generally any of the following: A bank; a credit union; a savings association; a corporation acting under section 25A of the Federal Reserve Act; a trust bank or company; a securities broker-dealer; a futures commission merchant; an introducing broker; or a mutual fund.

**F. Authorized Persons** Required for Trust, Corporation/Other Entity accounts; please provide the following information for each individual authorized to trade on the account.

<b>1.</b>				
First Name	Middle Initial	Last Name	Title (i.e. president, treasurer, trustee)	
Street Address (required; PO Box not permitted)		City	State	Zip Code
Social Security/Tax ID No. (required)		Birthdate (mm/dd/yyyy) (required)		
<b>2.</b>				
First Name	Middle Initial	Last Name	Title (i.e. president, treasurer, trustee)	
Street Address (required; PO Box not permitted)		City	State	Zip Code
Social Security/Tax ID No. (required)		Birthdate (mm/dd/yyyy) (required)		

\* For any non-U.S. government ID, attach copy of ID document and indicate ID type, country of issuance and country of birth:

Individual 1: \_\_\_\_\_ Individual 2: \_\_\_\_\_

Check here if extra pages are attached for additional Authorized Persons.

**2. Address of Record**

Street Address (required; PO Box not permitted)	City	State	Zip Code
Joint Account Owner's Address (required, if different from above; PO Box not permitted)			
Mailing Address (if different from above)			
( )	( )		
Daytime Telephone	Evening Telephone	Email Address	

**3. Broker-Dealer Information (if applicable)**

By designating a broker/dealer or financial adviser, I/we hereby authorize the Fund and its transfer agent to accept instructions from, and transmit information to, such designee concerning my/our account(s).

Broker/Dealer Name	Dealer Number	Branch Number
Street Address	City	State Zip Code
Registered Representative's Name	Rep. Number	

**4. Your Initial Investment**

I have enclosed a check made payable to Pax World Funds in the amount of \$\_\_\_\_\_ (do not send cash)

Please purchase shares in the following Funds:

			Dividends		Capital Gains	
			Cash*	Reinvest	Cash*	Reinvest
Pax World Balanced Fund	\$_____	<input type="checkbox"/> Individual Investor Class; min. \$250 (040) <input type="checkbox"/> Institutional Class; min. \$500,000 (060)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pax World Growth Fund	\$_____	<input type="checkbox"/> Individual Investor Class; min. \$250 (042) <input type="checkbox"/> Institutional Class; min. \$500,000 (062)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pax World Small Cap Fund	\$_____	<input type="checkbox"/> Individual Investor Class; min. \$250 (048) <input type="checkbox"/> Institutional Class; min. \$500,000 (068)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pax World International Fund	\$_____	<input type="checkbox"/> Individual Investor Class; min. \$250 (047) <input type="checkbox"/> Institutional Class; min. \$500,000 (067)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pax World High Yield Bond Fund	\$_____	<input type="checkbox"/> Individual Investor Class; min. \$250 (044) <input type="checkbox"/> Institutional Class; min. \$500,000 (064)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pax World Women's Equity Fund	\$_____	<input type="checkbox"/> Individual Investor Class; min. \$250 (046) <input type="checkbox"/> Institutional Class; min. \$500,000 (066)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pax World Global Green Fund	\$_____	<input type="checkbox"/> Individual Investor Class; min. \$250 (049) <input type="checkbox"/> Institutional Class; min. \$500,000 (069)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$_____	<input type="checkbox"/> Individual Investor Class; min. \$250 <input type="checkbox"/> Institutional Class; min. \$500,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*  Check here, and complete Section 5B, to have your cash dividends and/or capital gains electronically transmitted to your bank account.

The Pax World Global Citizen Program enables shareholders to support humanitarian relief and sustainable development projects around the globe by contributing a percentage of their dividends and/or capital gains earnings to Mercy Corps. For more information visit [www.paxworld.com/global-citizen](http://www.paxworld.com/global-citizen).

Please designate a portion of my Pax World Capital Gains and/or income Dividends to Mercy Corps:

Fund Name: _____	Fund Name: _____
Capital Gains: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100%	Capital Gains: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100%
Income Dividends: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100%	Income Dividends: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100%

Mercy Corps is a non-profit philanthropic organization not otherwise affiliated with Pax World. All donations to Mercy Corps are tax-deductible as allowed by law. Your participation in the Global Citizen Program and designation to Mercy Corps will continue until you notify Pax World or Mercy Corps that you would like to discontinue your participation in the program. Thank you for supporting Mercy Corps!

**5. Select Your Account Options**

**A. Please select the option you wish to add to your account:**

**Telephone/Online exchange, Purchase and Redemption**

Your account will automatically be coded with Telephone/Online Exchange and Telephone/Online Redemption Privileges, unless you check a box below to decline these privileges. If you do not provide banking information in Section B, Telephone/Online Redemptions will be mailed via check to your address of record. Completing Section B will also allow Telephone/Online Purchases.

- Decline Telephone/Online Exchange                       Decline Telephone/Online Redemption

Please review the rules set forth in the prospectus regarding Telephone and Online transactions. Neither Pax World nor its transfer agent will be liable for any loss, liability, cost or expense for acting upon requests reasonably believed to be genuine. We reserve the right to modify, limit the use of, or terminate these privileges at any time.

- Check here if your representative of record is to have authority to give instructions for Telephone Exchanges, Purchases and Redemptions.

Name of representative for third party administration: \_\_\_\_\_

- Automatic Investment (Section B 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.

Please invest \$ \_\_\_\_\_ 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. You will receive quarterly confirmations of these transactions.*

Please automatically purchase into the following Fund(s):

Pax World Balanced Fund	\$ _____	(Individual Class: min. \$50; Institutional Class: min. \$1,000) or _____%
Pax World Growth Fund	\$ _____	(Individual Class: min. \$50; Institutional Class: min. \$1,000) or _____%
Pax World Small Cap Fund	\$ _____	(Individual Class: min. \$50; Institutional Class: min. \$1,000) or _____%
Pax World International Fund	\$ _____	(Individual Class: min. \$50; Institutional Class: min. \$1,000) or _____%
Pax World High Yield Bond Fund	\$ _____	(Individual Class: min. \$50; Institutional Class: min. \$1,000) or _____%
Pax World Women’s Equity Fund	\$ _____	(Individual Class: min. \$50; Institutional Class: min. \$1,000) or _____%
Pax World Global Green Fund	\$ _____	(Individual Class: min. \$50; Institutional Class: min. \$1,000) or _____%
_____	\$ _____	(Individual Class: min. \$50; Institutional Class: min. \$1,000) 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).

**B. Please provide your bank account information**

Completing this section will activate the Telephone/Online Purchase option. Please attach a voided, unsigned check or savings deposit slip for the bank account to be used in conjunction with electronic (ACH) transactions.

Bank Name	Name(s) on Bank Account	
Bank Routing/ABA Number	Bank Account Number	This is a: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account

(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 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.

**6. Your Signature**

All registered account owners or legal representatives must sign this section before the Fund can open your account. The undersigned warrant(s) that the undersigned has (have) full authority and is (are) of legal age to purchase shares of the Fund and has (have) received and read a current prospectus of the Fund and agree(s) to its terms. The Fund and its transfer agent shall not be liable for acting upon instructions or inquiries believed to be genuine.

**Taxpayer Identification Number Certification**

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

1. The Social Security Number or Taxpayer Identification Number listed above is correct, and
2. I/we HAVE NOT been notified by the IRS that I/we am/are subject to backup withholding ( Check this box if you ARE subject to backup withholding), and
3. I/we am/are 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).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Date
Signature	Date

**How did you learn about Pax World Funds** (Please check one)

- Advertisement in \_\_\_\_\_
- News Story in \_\_\_\_\_
- Website \_\_\_\_\_
- Friend or Relative \_\_\_\_\_
- Financial Advisor/Broker \_\_\_\_\_
- Other \_\_\_\_\_