



Pax World Mutual Funds

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

Money Market Account Application

Do not use this application to open an IRA or other retirement account. Please call 800.767.1729 if you need a retirement account application.

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 (please check one)

- Individual (complete A)
- Joint Tenants (complete A and B)
- Gift/Transfer to Minor (complete C)
- Trust (complete D and F)
- Non-profit organization (complete E and F)

Please note: The Pax World Money Market Account is not available for corporations or other entities.

A. Individual Account/Joint Account

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

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

First Name	Middle Initial	Last Name
		Citizen of: <input type="checkbox"/> U.S. <input type="checkbox"/> Other* (specify):
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 A:

Individual B:

C. Gift/Transfer to Minor Account

Custodian Name	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. Non-Profit Organization Please provide certified copy of organizational documents such as Corporate Resolution.

Name of Organization

Tax ID No. (required)

F. Authorized Persons Required for Trust and Non-profit organization; please provide the following information for each individual authorized to trade on the account.

1.				
First Name	Middle Initial	Last Name	Title (i.e. president, treasurer, trustee)	
Street Address (required; PO Box not permitted)		City	State	Zip Code
		Citizen of: <input type="checkbox"/> U.S. <input type="checkbox"/> Other* (specify):		
Social Security/Tax ID No. (required)		Birthdate (mm/dd/yyyy) (required)		

2.				
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)		Citizen of: <input type="checkbox"/> U.S. <input type="checkbox"/> Other* (specify):		
		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		

3. Your Initial Deposit and Choose How You Wish to Receive Any Interest Payments

If no selection is made, interest will be reinvested. Enclose a check (do not send cash) made payable to Pax World Money Market Account.

Your initial Pax World Money Market Account (900) deposit: \$_____ (minimum \$250).

How you wish to receive any interest payments: Cash* Reinvest

* Check here, and complete Section 4B, to have your cash interest 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 Money Market Account interest to Mercy Corps. For more information visit www.paxworld.com/global-citizen.

Please designate 5% 10% 25% 50% 100% of my Pax World Money Market Account Interest to Mercy Corps:

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!

4. Select Your Account Options

A. Please select the options 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, Deposits and Withdrawals.

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 deposit \$_____ (min. \$50) 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 deposit 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.

I hereby authorize Pax World and its transfer agent to honor instructions processed under the above-selected account options to deposit/exchange/withdraw funds 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 Pax World 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	
		This is a: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account
Bank Routing/ABA Number	Bank Account Number	

(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. 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.

5. Checkwriting

Check here to request checks for your Money Market Account. Indicate number of signatures required for check signing: _____
 (if left blank, only one signature will be required on all checks).

By completing this Checkwriting Signature Card, I/we authorize PNC Bank to honor checks drawn by me/us on this account. The minimum check amount is \$250. I/we accept the checkwriting terms/conditions as outlined below.

Owner's or Custodian's Name (First, Middle Initial, Last)	
Signature	Date

Joint Owner's Name (First, Middle Initial, Last)	
Signature	Date

Check writing privileges will be subject to the customary rules and regulations governing checking accounts and may be terminated by Pax World or PNC Bank. Checks written against deposits made by check or ACH within the prior 10 business days may not be honored. Generally, there is no charge for the clearance of checks, but Pax World does reserve the right to charge a service fee for checks returned for insufficient funds or stop payment, or for check copy services.

6. Your Signature

All registered account owners or legal representatives must sign this section before Pax World can open your account. The undersigned warrant(s) that the undersigned has (have) full authority. Pax World 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 Pax World 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 (Please check one)

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