



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
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Coverdell Education Savings Account Application And Adoption Agreement

Important Information About Procedures For Opening A New Account: To help the U.S. government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies persons opening accounts. To comply, we require the name, address, date of birth and government-issued identification number (generally, a Social Security Number) of the Contributor and the Responsible Individual (if the Responsible Individual is different from the Contributor) and other information that may help us identify you. We may ask for copies of related documentation and we may consult third-party databases to help verify the identity of the Contributor and, if applicable, the Responsible Individuals.

For help with filling out this form please call Shareholder Services at 800.372.7827 between 8AM and 6PM ET M-F.

1. Personal Information Responsible Individual (The parent or guardian of the Designated Beneficiary)

First Name	Middle Initial	Last Name	Social Security/Tax ID No.
Street Address (required: PO Box not permitted)	City	State	Zip Code
Mailing Address (if different from above)			
Birthdate (mm/dd/yyyy)	Daytime Telephone	Evening Telephone	Email Address

Designated Beneficiary (Must be under age 18, unless special needs beneficiary)

First Name	Middle Initial	Last Name	Social Security/Tax ID No.
Street Address (required: PO Box not permitted)	City	State	Zip Code
Mailing Address (if different from above)			
Birthdate (mm/dd/yyyy)	Daytime Telephone	Evening Telephone	Email Address

Contributor (Individual establishing the account, if different from Responsible Individual)

First Name	Middle Initial	Last Name	Social Security/Tax ID No.
Street Address (required: PO Box not permitted)	City	State	Zip Code
Mailing Address (if different from above)			
Birthdate (mm/dd/yyyy)	Daytime Telephone	Evening Telephone	Email Address

The Designated Beneficiary automatically becomes the responsible individual upon attaining the age of majority - See Article V of the Custodial Agreement. The Responsible Individual may designate a family member of the original Designated Beneficiary as the new Designated Beneficiary, but restrictions apply—See Article VI and Article X, Section 14 of the Custodial Agreement.

2. Broker/Dealer Information (if applicable)

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

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

3. Type Of Contribution

Check All that Apply:

- Contribution** - This contribution applies to the tax year _____ .
Contributions will be considered CURRENT year if not designated. Prior year contributions must be made by April 15.
- Rollover** - This contribution is a ROLLOVER Coverdell Education Savings Account (ESA) which has been completed within 60 days of receipt of the funds. These funds are from a Coverdell ESA established for the benefit of either the Designated Beneficiary named above, or another member of the Designated Beneficiary’s family as described in IRS section 529(e)(2) who is under age 30. A completed ‘Rollover Certification’ form is attached.
- Transfer of Assets** - The initial contribution to this account is a TRANSFER OF ASSETS from a Coverdell ESA established for the benefit of the Designated Beneficiary named above. A completed “Transfer of Assets” form is attached.

4. Investment Instructions

The initial investment in each Fund must be at least \$250; make checks payable to Pax World Funds.

- Check this box if you have included the Annual Custodial Maintenance Fee of \$12.00. (You may add this amount to your contribution and send only one check.)

Pax World Balanced Fund - 040	\$: _____	or _____	%
Pax World Growth Fund - 042	\$: _____	or _____	%
Pax World Small Cap Fund - 048	\$: _____	or _____	%
Pax World International Fund -047	\$: _____	or _____	%
Pax World High Yield Fund - 044	\$: _____	or _____	%
Pax World Women’s Equity Fund - 046	\$: _____	or _____	%
Pax World Global Green Fund - 049	\$: _____	or _____	%
Pax World Money Market Account - 900	\$: _____	or _____	%
_____	\$: _____	or _____	%

5. Select Your Account Options

A. Please select the options you wish to add to your account.

Telephone/Online Exchange and Purchase

Your account will automatically be coded with the Telephone/Online Exchange Privilege, unless you check the box below to decline the privilege. Completing Section B will allow Telephone/Online Purchases.

- Decline Telephone/Online Exchange

Please review the rules set forth in the prospectus and the Coverdell ESA Agreement 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 reasonable believed to be genuine. We reserve the right to modify, limit the use of, or terminate these privileges at any time.

- Check here if you want your representative of record to have authority to give instructions for Telephone Exchanges and Purchases. The name of your representative of record for third party administration is: _____

- 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. Contributions made through the Automatic Investment Program are credited as current year contributions.

Please invest \$ _____ (minimum \$50 per Account) 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 - 040	\$: _____ (min. \$50) or _____ %
Pax World Growth Fund - 042	\$: _____ (min. \$50) or _____ %
Pax World Small Cap Fund - 048	\$: _____ (min. \$50) or _____ %
Pax World International Fund -047	\$: _____ (min. \$50) or _____ %
Pax World High Yield Fund - 044	\$: _____ (min. \$50) or _____ %
Pax World Women's Equity Fund - 046	\$: _____ (min. \$50) or _____ %
Pax World Global Green Fund - 049	\$: _____ (min. \$50) or _____ %
Pax World Money Market Account - 900	\$: _____ (min. \$50) or _____ %
_____	\$: _____ (min. \$50) 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.

_____	_____	This is a: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account
Bank Name	Name(s) on Bank 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 requested and 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 actually 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.

C. Designated Death Beneficiary

I, the Contributor, designate the following family member of the Designated Beneficiary (must be under age 30 upon the death of the Designated beneficiary) to receive any benefits to which the designated death beneficiary may be entitled in the event of the death of the Designated beneficiary. If the designated death beneficiary predeceases the Designated Beneficiary or the designated death beneficiary attains age 30 before the Designated Beneficiary's death, all assets will be paid to the estate of the Designated Beneficiary.

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Social Security/Tax ID No.
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	
Birthdate (mm/dd/yyyy)	Relationship		

6. Terms and Conditions of the Coverdell Education Savings Account:

I (as Contributor, unless another party to the Application and Agreement is noted in a particular case) hereby establish this Coverdell Education Savings Account for the benefit of the named Designated Beneficiary under the terms and conditions contained in this Application Agreement, including in particular but without limitation the terms and conditions of the Custodial Agreement. I agree that the Coverdell Account becomes effective only upon written acceptance by the Custodian and that such written acceptance will consist of a confirmation of transaction statement.

I acknowledge receiving and reading Parts I through IV of the Application Agreement, which consists of the Application Instructions (Part I), the Disclosure Statement (Part II), the Custodial Agreement (Part III) and this Application Form (Part IV) (terms are defined on first page of Application Agreement). I also acknowledge receiving and reading the current prospectus for each Pax World Mutual Fund I may have designated for investment.

Custodial Fees: \$12.00 annual maintenance fee per account. The annual maintenance fee may be paid by the Contributor or Responsible Individual at account opening or subsequently with respect to any calendar year even if the maximum annual contribution of the Coverdell Account has been reached. If the fee is not paid at account opening or if it is not paid by the date in a given calendar year that the Custodian sets for collection of the fee ("Fee Collection Date"), the Custodian is authorized to deduct the fee from the Custodial Account at the Fee Collection Date, or, if earlier in a given calendar year, the date the Custodial Account is closed. The Custodian reserves the right to change the Custodial fee, but will give at least 30 days written notice to the Responsible Individual. The Custodian will keep records, identify and file returns and provide other information concerning the Custodial Account as required of custodians by any applicable provisions of the Code and IRS regulations.

Provision Regarding Involuntary Liquidations and Distributions: I have read Article X, Section 13 of the Custodial Agreement. I acknowledge that certain circumstances beyond the control of the Custodian may occur which result in a liquidation of Mutual Funds in which the Custodial Account is invested or which result in the liquidation of holdings of the Custodial Account. I acknowledge that at Article X, Section 13 of the Custodial Agreement I have authorized the Custodian, following such occurrences, to act in its discretion with regard to the disposition of the liquidation proceeds if it does not receive clear instructions regarding the placement of the liquidation proceeds that it can practicably carry out, including distributing the liquidation proceeds to the Designated Beneficiary.

Certification If Designated Death Beneficiary Has Been Named: If I have named a Designated Death Beneficiary, the information I furnished in connection with that designation, including in particular but without limitation the Social Security Number, the date of birth and the relationship of the individual to the Designated Beneficiary, is true, correct and complete.

TIN Certification By Contributor and Responsible Individual: I certify under penalties of perjury that the Designated Beneficiary is a US person (including a US resident alien) and that the Social Security Numbers filled in on this Application Form for myself and the Designated Beneficiary are true, correct and complete and that these numbers are the Taxpayer Identification Numbers of the respective individuals. (Foreign persons must use the appropriate Form W-8.)

Signature of Contributor		Date
Signature of Responsible Individual (if different from Contributor)		Date