



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 Rollover Certification

Use this form to certify a rollover distribution if you have received proceeds from a current Coverdell Education Savings Account(ESA) and are depositing those funds to a Pax World Coverdell ESA. You must complete the rollover within 60 calendar days of your receipt of that distribution.

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

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

Designated Beneficiary of Coverdell ESA

First Name	Middle Initial	Last Name	Social Security/Tax ID No.
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2. Investment Instructions

Pax World Coverdell ESA Account Number (if applicable) _____

If you are establishing a new Pax World Coverdell ESA you must also complete a Coverdell Education Savings Account application.

Amount of Rollover \$ _____

Please purchase into the following fund(s):

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	_____ %

3. Certification

I, as the Responsible Individual for the above account, certify the following statements are true and correct:

This rollover contribution is from another Coverdell Education Savings Account, and not from a Traditional, SEP, SIMPLE or Roth IRA or from a qualified plan, qualified annuity, 403(b) plan or 457 plan.

This rollover contribution is being made within 60 days of my receipt of that distribution in which the above-named Designated Beneficiary was either the original Designated Beneficiary or is an eligible family member of the original Designated Beneficiary.

During the 12-month period prior to this distribution being rolled over, the Designated Beneficiary has not received a distribution from the same Coverdell ESA which was subsequently rolled over to another Coverdell ESA, and the distribution being rolled over has not been part of a distribution from another Coverdell ESA that was subsequently rolled over.

The property received in the distribution from the distributing Coverdell ESA is the same property being rolled over into this Coverdell ESA.

I agree that I am solely responsible for all tax consequences of this rollover contribution. I also agree that neither the Custodian, the Fund, nor any agent of either of them has any responsibility for any tax consequences.

I have read, understand, and agree to be legally bound by the terms of the Pax World Coverdell ESA Custodial Agreement. I also understand that the Custodian will rely on this form when accepting this rollover contribution. I understand that this rollover is irrevocable and may not be reversed in the future. I also understand that I am responsible for the movement of the rollover to the successor Coverdell ESA, and that neither the Fund, the Custodian, nor their agents, have any duty to enforce the collection of any assets to be rolled over to the above Pax World Coverdell ESA.

Responsible Individual's Signature

Date