



Pax World Mutual Funds

Please mail to:
 Pax World Funds
 PO Box 9824
 Providence, RI 02940-8024

Rollover Certification Coverdell Education Savings Account

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

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	City	State	Zip Code
Birthdate (mm/dd/yyyy)	Daytime Telephone	Evening Telephone	Email Address

Designated Beneficiary of Coverdell Education Savings Account:

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

2. Investment Instructions

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

Pax World Coverdell Education Savings Account Number _____

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 that the contribution described above is an eligible Coverdell Education Savings Account rollover contribution and that I am rolling over this contribution within 60 calendar days of my receipt of that distribution. I understand that this rollover is irrevocable and involves important tax considerations.

I agree that I am solely responsible for all tax consequences of this rollover contribution. I also agree neither the Coverdell Education Savings Account custodian nor Pax World Funds shall have any responsibility for any such tax consequences. I understand that restrictions regarding subsequent rollovers of this rollover contribution may also apply.

I have read, understand and agree to be legally bound by the terms of this form. I also understand that the Coverdell Education Savings Account custodian will rely on this form when accepting my 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 my successor Coverdell Education Savings Account, and that neither PFPC Trust Company, PNC Global Investment Servicing nor Pax World Funds have any duty to enforce the collection of any assets to be rolled over to my Pax World Coverdell Education Savings Account.

Responsible Individual's Signature

Date