



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

Traditional IRA and SEP-IRA Application

Do not use this form for a 403(b)(7), Roth or SIMPLE IRA or Coverdell Education Savings Account. For help with 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 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 your name, address, date of birth and government-issued identification number (generally, a Social Security Number) 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 your identity.

1. Type of Account

(Check only one; use a separate form for each type of account)

- Traditional IRA
 Spousal IRA
 Rollover IRA
 SEP-IRA* (must attach IRS Form 5305-SEP)

Please tell us about yourself:

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

For SEP-IRA* only:

Employer Name	Employer Address
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2. Type Of Contribution

- 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 from either a qualified retirement plan or another IRA which has been completed within 60 days of receipt of the funds. I have attached a completed "Rollover Certification" form.
- Transfer of Assets/Direct Rollover** - This contribution is a TRANSFER OF ASSETS from an existing IRA or a Direct Rollover from a qualified retirement plan. I have attached a completed "Transfer of Assets/Direct Rollover" form.

3. Investment Instructions

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

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 _____	%

4. Select Your Account Options

A. Please check the options you wish to add to your account:

- Telephone/Online Exchange – allows you to move funds between identically registered Pax World accounts.
- Telephone/Online Purchase (Section B is required for this option) – allows you to make purchases by phone or online by electronically debiting your checking or savings account. If this box is checked and Section B is not completed, Telephone or Online Purchases will not be accepted.
- 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	\$: _____	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	_____ %

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.

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.)

As a convenience to me, 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. 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 and Dealer Number:

Branch Name and Branch Number:

Branch Address:

Registered Representative's Name and Representative's Number:

5. Beneficiary Designation

Check here if you have attached a separate sheet with additional Primary or Contingent Beneficiaries; sign and date this sheet.

Primary Beneficiary Contingent Beneficiary

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

Primary Beneficiary Contingent Beneficiary

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

The share percentage must equal 100% for all Primary or all Contingent Beneficiaries. If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s).

Participant's Designation: In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). You may change your beneficiaries at any time by giving written notice to the Custodian, PFPC Trust Company. If you do not designate a beneficiary, or the beneficiary(ies) you designate predecease you, your surviving spouse will become the beneficiary of your IRA account. If no surviving spouse or unmarried, your estate will become the beneficiary of your IRA account.

Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than, or in addition to, the Participant's Spouse. Disclaimer for Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, Pax World Funds and the Custodian specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

I consent to the Beneficiary Designation.

Signature of Participant's Spouse (if applicable) _____ Date _____

6. Terms and Conditions of the IRA Adoption Agreement:

I, the Participant, acknowledge that I have received and read the current Prospectus for each Fund which I have designated for investment. I understand all dividends and distributions from the Fund shares held in my Account will be reinvested in shares of the Fund from which received.

Each subsequent contribution will be invested based on the written instructions received with the contribution. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution. The Custodian, PFPC Trust Company, upon written instructions from you, may exchange any Pax World Fund shares for any other Pax World Fund shares in accordance with the then current prospectus.

Custodial Fees: \$12.00 annual maintenance fee per year. The participant may prepay the annual maintenance fee. If the fee is not prepaid, the Custodian will deduct the fee from the Account at year-end or at the time the Account is closed. The custodian reserves the right to change the custodial fee, but will give at least 30 days written notice to the participant of any fee changes. The custodian will keep those records, identify and file returns and provide other information concerning your Account as required of custodians by the Internal Revenue Code (IRC) and any Regulations issued or forms adopted by the Treasury Department of the United States.

I hereby establish an IRA account under the terms and conditions contained in the accompanying Custodial Account Agreement, which is incorporated herein by reference. The combined instrument is hereinafter referred to as the "Agreement". I acknowledge receipt of a copy of the Custodial Account Agreement and this Application with respect to this IRA.

I direct that all benefits upon my death be paid as indicated on the beneficiary designation. If I named a beneficiary that is a Trust, I understand I must provide certain information concerning such Trust to the Custodian.

I understand and agree that this IRA becomes effective upon written acceptance by the Custodian, which written acceptance shall consist of a confirmation of transaction statement issued by the Custodian.

I, the Participant, certify under penalties of perjury that I am a U.S. person (including a U.S. resident alien) and that my Social Security Number is true, correct and complete and that this number is my Taxpayer Identification Number. (If you are a foreign person, use the appropriate Form W-8.)

Signature of Participant

Date

Privacy Principles

PFPC Trust Company serves as Custodian to self-directed savings and retirement accounts, such as Individual Retirement Accounts, Qualified Plans, 403(b)(7) Plans (the "Accounts") owned by shareholders of investment companies for whom our affiliated company, PNC Global Investment Servicing serves as transfer and shareholder servicing agent (the "Funds"). You are receiving this notice because you are establishing an Account that contains an investment in shares of a Fund. PFPC Trust Company is committed to maintaining the privacy of Account owners and to safeguarding their nonpublic personal information. PFPC Trust Company collects nonpublic personal information from Account applications and other forms that Account owners send to establish and maintain an Account. We may also have access to specific information regarding an Account owner's transactions with the Funds. PFPC Trust Company does not disclose any nonpublic personal information about any Account owner or former Account owner to anyone, except as permitted by law or as necessary in order to service the Account. PFPC Trust Company restricts access to nonpublic personal information about the Account owners to our employees with a legitimate business need for the information. We maintain physical, electronic and procedural safeguards designed to protect the nonpublic personal information of Account owners.