



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

## Traditional IRA and Roth IRA Application and Adoption Agreement

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       Rollover IRA       SEP-IRA\* (must attach IRS Form 5305-SEP)       Roth IRA

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	
Responsible Individual (If minor IRA):			Social Security/Tax ID No. (required)	

### For SEP-IRA\* only: Employer Information

Employer's Name	Telephone
Employer's Address	City      State      Zip Code

### 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 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.

- Conversion Rollover** - This contribution is a conversion from a Traditional IRA which has been completed within 60 days of receipt of the funds. I realize I must pay ordinary income taxes on the amount of the conversion distribution from the Traditional IRA to the Roth IRA. I have attached a completed "Rollover/Conversion Certification" form.
- Direct Conversion** - This contribution is a direct conversion from my Traditional IRA at another financial institution or my existing Pax World Traditional IRA. I realize I must pay ordinary income taxes on the amount of the conversion distribution from the Traditional IRA to the Roth IRA. I have attached a completed Conversion Form.
- Recharacterization** - This contribution is a recharacterization. I have attached a completed Recharacterization form.

**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	_____ %

All Dividends and Capital Gains will be reinvested.

**5. 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. For SEP IRA accounts: Telephone Purchase is allowed, Online Purchase is not available.

- Decline Telephone/Online Exchange       Decline Telephone/Online Redemption

Please review the rules set forth in the prospectus and the appropriate IRA Agreement regarding Telephone and Online transactions, and certain circumstances which may require redemptions to be requested in writing, including significant restrictions which apply to IRA redemptions. 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 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.

SEP IRA accounts: Please indicate the contribution type:  Employer  Personal IRA  
(If undesignated, contribution will be considered current year employer)

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.**

Completing this section will activate Telephone/Online Purchases; Telephone Purchase only for SEP IRA accounts (not online). 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.

**6. 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)	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)	Relationship	% of Distribution	

Note: 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). Per Stirpes Designations - The custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of my beneficiaries and the allocations thereto.

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). I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not designate a beneficiary, or if all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my IRA. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

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

## 7. Terms and Conditions

I, the Participant, acknowledge receiving and reading the Traditional IRA And Roth IRA Combined Application Instructions, the Traditional IRA And Roth IRA Combined Disclosure Statement, the Traditional IRA Custodial Account Agreement, the Roth IRA Custodial Account Agreement and the PFPC Trust Company Privacy Notice (the "Account Documents"). I acknowledge receiving and reading the current prospectus for each Mutual Fund I may have designated for investment. The Custodian, upon proper instructions from me, is authorized to exchange units of one Eligible Asset for units of any other Eligible Asset and to purchase units of any Eligible Asset with the proceeds of any redemption.

Article VIII, Section 23 of the Traditional IRA Custodial Account Agreement and Article IX, Section 23 of the Roth IRA Custodial Account Agreement authorize the Custodian to take or to omit to take certain actions in the event assets or property in my IRA Account are liquidated and the Custodian does not receive timely instructions it can reasonably or practicably carry out and I agree to the terms of both Sections 23.

I hereby establish an Individual Retirement Account ("IRA") in accordance with instructions provided on these pages entitled TRADITIONAL IRA and ROTH IRA APPLICATION and ADOPTION AGREEMENT and agree to participate under the terms and conditions contained in the Account Documents and on the aforementioned pages (the "Full Agreement"). (My IRA account with the Custodian is called the "IRA Account" on this page).

I agree that this IRA becomes effective only upon written acceptance by the Custodian and that such written acceptance will consist of a confirmation of transaction statement.

I agree that the Custodian may amend (add to, delete from or revise) any term of the Full Agreement at any time by notice to me and that my sole remedy if I disagree with the amendment is to transfer funds in the IRA Account to an another custodian. I agree that the Full Agreement is binding on me and on my successors in interest.

Each contribution to my IRA will be invested in accordance with the written instructions I provide with respect to that 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.

**Custodial Fees:** \$12.00 annual maintenance fee per year. This fee is owed and due for each full and partial calendar year that the IRA Account is open. The participant may pay the fee with funds other than those in the IRA Account ("non-custodial funds"). If the fee for a calendar year is not paid by the participant from non-custodial funds by the date reasonably designated by the Custodian or prior to closing the IRA Account, the Custodian is authorized to deduct the fee from funds in the IRA Account at any time immediately after such payment due date or immediately after receiving instructions to close the IRA Account. The Custodian is authorized to change the fee but will give at least 30 days written notice to the participant of any fee change. The Custodian will keep those records, identify and file returns and provide other information concerning the IRA as required of custodians by the Internal Revenue Code and any regulations issued or forms adopted by the Internal Revenue Service or U.S. Treasury Department.

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 (the Participant) certify under penalties of perjury that (i) all information I have provided on this form or otherwise in connection with establishing my IRA is true, correct, and complete, and (ii) I am a US person (including a US resident alien) and that my Social Security Number is true, correct and complete and that this number is my Taxpayer Identification Number. (Foreign persons must use appropriate Form W-8).

\_\_\_\_\_  
Signature of Participant or Responsible Individual (if Minor IRA)

\_\_\_\_\_  
Date