



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

SIMPLE 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. Personal Information

First Name	Middle Initial	Last Name	Social Security (required)
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

A copy of your employer's 5304- SIMPLE Form or SIMPLE Adoption Agreement must accompany this document in order to establish your SIMPLE IRA. Your employer's plan must permit each eligible employee to select a financial institution that will serve as the custodian, trustee or issuer of the SIMPLE IRA.

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

- Check this box if this is a transfer from another SIMPLE IRA. Please complete the "Transfer of Assets" form.
- Check this box if this is a rollover from another SIMPLE IRA. Initial Participation Date: _____

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. Please tell us where to invest

Please invest all of my contributions as indicated below. I am aware that I am allowed to change this designation according to the terms of my employer's plan, and that I must notify my employer directly of these changes.

- Check this box if you have included the Annual Custodial Maintenance Fee of \$12.00.

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.

4. 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 Purchases, Online Purchase is not available for SIMPLE IRA accounts.

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: _____

B. Please provide your bank account information.

Completing this section will activate the Telephone 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.

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.)

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.

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)	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	

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 SIMPLE IRA account. If no surviving spouse or unmarried, your estate will become the beneficiary of your SIMPLE 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 SIMPLE IRA Adoption Agreement

I, the Participant, acknowledge receiving and reading the SIMPLE IRA Application Instructions, SIMPLE Individual Retirement Account Disclosure Statement, SIMPLE Individual Retirement Custodial Account Agreement and 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 Custodial Account Agreement authorizes the Custodian to take or to omit to take certain actions in the event assets or property in my SIMPLE IRA Account are liquidated and the Custodian does not receive timely instructions it can reasonably or practicably carry out and I agree to said Section 23.

I hereby establish a SIMPLE IRA and agree to participate under the terms and conditions contained in the Account Documents and these pages titled "SIMPLE IRA APPLICATION AND ADOPTION AGREEMENT" (the "Full Agreement"). I acknowledge receipt of a copy of the plan document under which this SIMPLE IRA is established. I agree that this SIMPLE IRA becomes effective only upon written acceptance by the Custodian and that such written acceptance will consist of a confirmation of transaction statement. I also 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 SIMPLE IRA Account to another custodian. I agree that the Full Agreement is binding on me and on my successors in interest.

Custodial Fees: \$12.00 annual maintenance fee per year. This fee is owed and due for each full and partial calendar year that the SIMPLE IRA Account is open. The participant may pay the fee with funds other than those in the SIMPLE 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 SIMPLE IRA Account, the Custodian is authorized to deduct the fee from funds in the SIMPLE IRA Account at any time immediately after such payment due date or immediately after receiving instructions to close the SIMPLE 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 SIMPLE 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 ("IRS").

I direct that upon my death benefits be paid to my properly designated beneficiaries. In the event this is a rollover contribution, I hereby irrevocably elect, pursuant to Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution. If I named a Trust as beneficiary, 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 SIMPLE 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		Date