

Regular mail: Pax World Funds PO Box 9824 Providence RI 02940-8024 Overnight mail:
Pax World Funds
4400 Computer Drive
Westborough MA 01581-1722
Telephone: 1(800) 372-7827

Transfer of Shares

Use this form to make a gift or transfer of shares to an individual or a non-profit organization, or for re-registration (divorce/separation, individual to trust, etc.). Since the transfer of shares does not result in a sale of securities, the donor does not incur a taxable event. Please consult with your tax advisor for gift or inheritance questions. This form is not to be used for Individual Retirement Accounts (IRAs), 403(b) retirement accounts, or Coverdell Education Savings Accounts.

Donor: Please complete Sections 1 through 5 then forward the original form and additional pages (if any) along with the Pax World Funds Prospectus and New Account Application to the recipient for completion.

Account Owner's Name		Account Number		
		, isseem i vembol		
Joint Account Owner's or Responsible	e Individual's Name			
Mailing Address	City	State	Zip Code	
()				
Contact Telephone		Email Address		
2. Reason for Transfer				
☐ Re-registration (divorce/separation	on, individual to trust, former minor	r, etc.)		
☐ Death (inheritance) Date of	of Death (required):			
Alternate Valuation Date:	or Altern	ate Value (optional)* \$:		
qualifies for this election, and the executor	or makes the election, the valuation date is s	arge of the estate) to elect a different valuation six months after the date of death.The principo ome tax, because it means you will now use the	al reason for making this election is to r	educe
☐ Gift Date of Gif	ît:			
If a reason is not provided, this trans	sfer will be coded as a gift.			
3. Gift Amount:				
☐ Full Account				
☐ Partial Account – List Fund(s)	and amount(s) below.			
Fund:	Amount: \$	or # of Shares :	or percent:	%
Fund:	Amount: \$	or # of Shares :	or percent:	%
Fund:	Amount: \$	or # of Shares :	or percent:	%
4. Recipient of Shares/Gifts	:			
•		eck with the organization to whom you	are giving the shares to ensure	that the
		name of the organization, an endown		
Name(s)				
	1	1 1		
Street Address	l City	State Zip Code	<u> </u>	

5. Donor Authorization and Medallion Signature Guarantee:

The account owner(s) listed in Section 1 must authorize this transfer of shares by signing below. (Sign in presence of bank officer or broker.) If account is trust, custodial, or corporate account, please sign in your capacity. If corporate account, also include a copy of your corporate resolution.

All registered owners of the donor account must have their signature(s) guaranteed by an eligible guarantor institution: a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

	acting on behalf of the according is not listed, please chec			n which you are acting by ch	ecking the appropriate box
☐ Administrator	☐ Custodian	☐ Surviving Joint Owner		☐ Agent under POA	
☐ Executor	☐ Trustee	☐ Conservator/Guardian		☐ Other, please specify	
Signature of Account C	lumor	 Date	Signature of	Account Owner	 Date
orgination of Account of	· Wilei	bale	o.ga.o.o o.	,	20.0
Medallion Signature Guarantee			Medallion Signatur	e Guarantee	

Please forward to the Recipient for acceptance, and instructions on disposition of shares.

Recipient: Please complete pages 3 & 4 of the Transfer of Shares form.



Regular mail:

Pax World Funds PO Box 9824 Providence RI 02940-8024 Overnight mail:

Pax World Funds 4400 Computer Drive Westborough MA 01581-1722 Telephone: 1(800) 372-7827

Transfer of Shares

Mailing Address

To the Recipient: You are being given shares in a Pax World Fund as indicated on pages 1 and 2 of this form. Please complete pages 3 and 4 and mail the entire Transfer of Shares Form, with any additional forms as noted below. Please consult your tax advisor with any tax questions resulting from this transfer. Please call Investor Services at 1(800) 372-7827 if you have questions about the Fund or did not receive a copy of the latest prospectus.

RECIPIENT: Please complete Sections 1, 2 and 3, then forward to Pax World Funds, see address on reverse side.

			1			
Account Owner's Name Joint Account Owner/ Authorized Person		Social Security/Tax ID No. Social Security/Tax ID No.				
Mailir	ng Address	City	State	Zip Code		
()					
Conta	ct Telephone		Email Addre	Email Address		
	ng Account					
	Ve) currently have an account with Pax					
The sl	nares should be transferred to this exist	ting account:				
□ I (V	·		ete a New Account Applica	tion and provide any supporting documents		
If you	are redeeming all shares immediately,	a New Account Application	is not required.			
	W					
	It the receiving account registration is signary for approval.	ignificantly different from the r	ame provided in section 4 or	f the Donor's Form, the form must be returned to the		
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Donoi	for approval.	emplete Sections A and	·	t the Donor's Form, the torm must be returned to the		
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City

State

Zip

must be guaranteed with a Medallio account to be used in conjunction w submitted forms, and letters of instr	n Signature Guarantee (ith electronic transactio uction. If you are unable	see below). For new instructions pleas ns for on request purchases and/or rec	file with Pax World, your signature on this form e attach a voided, unsigned check for the bank demptions including Telephone/Online requests, ppy of your bank statement, or a letter on bank ust be signed by a bank official.
Bank Name	Name(s) on B	ank Account	
Bank Routing/ABA Number	Bank Account	Number	This is a: Checking Savings Account
(*Note: One common name must appear	in both your Pax World	account registration and the bank acco	unt registration.)
3. Recipient Signature and Acc		-	
Taxpayer Identification Number Certif	-		
 A. Under penalties of perjury, I certify I am a U.S. Person (includin The Social Security/Tax ID I I am not subject to backup v I am not subject to FATCA I 	g resident alien); number provided in Sect vithholding due to failur	tion 1 is my correct SSN/TIN; re to report interest or dividend incom	e (See Backup; and
Check the boxes below, if applicable:			
☐ I am subject to backup withholding	ng due to the failure to r	eport interest or dividend income.	
☐ I am subject to FATCA reporting.			
B. I am not a U.S. citizen or other U.S. p	person (including a U.S.	resident alien).	
I am a citizen of		Attach the applicable IRS Form W	-8 (BEN, BEN-E, ECI, EXP, IMY)
above), require your signature(s) to be a securities broker/dealer, clearing agency Association. The three recognized medalers	guaranteed by an eligible or savings association t allion programs are the S	guarantor institution. An eligible gua hat participates in a medallion progra Securities Transfer Agents Medallion P	ed shares. Certain Delivery Instructions (as noted rantor is a domestic bank or trust company, m recognized by the Securities Transfer Agents rogram (known as STAMP), Stock Exchanges ary public is NOT an acceptable substitute for a
Signature	Date	Signature	 Date
		•	
Medallion Signature Guar	antee (if required)	Medalli	on Signature Guarantee (if required)