

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
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Name Change Form

1. Current Account Information

Account Number		Share Class	
Owner's First Name (or Trustee, Custodian, etc.)	Middle Initial	Last Name	Social Security/Tax ID No.
Joint Owner's First Name (or Trustee, Custodian, etc.)	Middle Initial	Last Name	Social Security/Tax ID No.
Mailing Address	City	State	Zip Code
()			
Contact Telephone	Email Address		

Check here if contact information above is new.

2. Name Update

I hereby certify that my name has been changed and the two names listed below are one and the same person. Please change my account registration to reflect my legal name change:

Print former name: _____

Print new name: _____

3. Your Signature

Taxpayer Identification Number Certification

As required by Federal law, I certify under penalties of perjury that:

1. The Social Security Number or Taxpayer Identification Number listed above is correct, and
2. I HAVE NOT been notified by the IRS that I am subject to backup withholding ([] Check this box if you ARE subject to backup withholding), and
3. I am a U.S. person (including a U.S. resident alien). (If you are a foreign person, you must provide the Fund with a completed Form W-8), and
4. The FATCA code(s) entered on this line (if any) indicating that I am exempt from FATCA reporting is correct: _____.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

To complete this request you must sign with your signature and it must be notarized.

Signature	Date
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Sworn to before me this _____ day of _____, 20_____

Notary Public _____

My commission expires: _____

Notary Stamp (required)