

# Systematic Withdrawal Plan



A fund family of Everence

If you have any questions regarding this application, please call Shareholder Services at **800-977-2947**.

Send completed form to:

**Regular mail**

Praxis Mutual Funds  
 c/o U.S. Bank Global Fund Services  
 P.O. Box 701  
 Milwaukee, WI 53201-0701

**Overnight mail**

Praxis Mutual Funds  
 c/o U.S. Bank Global Fund Services  
 615 E. Michigan St., 3rd Floor  
 Milwaukee, WI 53202-5207

Name of account owner \_\_\_\_\_ Social Security number \_\_\_\_\_

Name of joint owner \_\_\_\_\_ Social Security number \_\_\_\_\_

Registration:  Individual  Joint  UT/GMA  
 IRA  SEP IRA  Roth IRA  Other \_\_\_\_\_

You may make regular, systematic withdrawals of at least \$50 from your Praxis Mutual Funds account(s).

Proceeds to be:  Mailed to address of record  
 Deposited using bank account information already on my account  
 Deposited using bank account below (signature guarantee required)

Bank name \_\_\_\_\_ Account holder name \_\_\_\_\_

Address \_\_\_\_\_  
Bank street address (do not use P.O. Box) City State ZIP code

Bank routing/ABA number \_\_\_\_\_ Bank account number \_\_\_\_\_

Savings (attach preprinted deposit slip)  Checking (attach voided check)

**Praxis Mutual Funds for Systematic Withdrawal**

Fund selection	Account number	Amount
Genesis Portfolios		
Conservative (3171)	_____	\$ _____
Balanced (3172)	_____	\$ _____
Growth (3173)	_____	\$ _____
Money Market Account (3156)	_____	\$ _____
Impact Bond Fund A (3157)	_____	\$ _____
Impact Bond Fund I (3164)	_____	\$ _____
Value Index Fund A (3160)	_____	\$ _____
Value Index Fund I (3167)	_____	\$ _____
Growth Index Fund A (3162)	_____	\$ _____
Growth Index Fund I (3169)	_____	\$ _____
Small Cap Index Fund A (3161)	_____	\$ _____
Small Cap Index Fund I (3168)	_____	\$ _____
International Index Fund A (3163)	_____	\$ _____
International Index Fund I (3170)	_____	\$ _____
Total withdrawal		\$ _____

Please choose the day and frequency of the withdrawal.

Day of withdrawal \_\_\_\_\_ (1-28)

Frequency  Semimonthly  
 Monthly  
 Quarterly

Starting month \_\_\_\_\_  
 Semiannual  
 Annual

**By making the above selection, I authorize Praxis Mutual Funds' transfer agent and distributor to redeem shares from my Praxis Mutual Funds account on the stated date(s). I understand that if the day I selected falls on a weekend or holiday, the withdrawal will be run the next business day.**

\_\_\_\_\_  
Signature of account owner

\_\_\_\_\_  
Signature of joint account owner

\_\_\_\_\_  
Medallion signature guarantee\*

\_\_\_\_\_  
Medallion signature guarantee\*

*\*A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "signature guaranteed" must be stamped or typed near your signature. The guarantee must appear with the printed name, title and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.*