

# Entity Account Application



A fund family of Everence

Please call if you have any questions about filling out this application.

**(800) 977-2947**

Send completed application to:

**Regular mail**

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

**Overnight mail**

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

**Important information about procedures for opening a new account**

In compliance with the USA Patriot Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number and permanent street address. Corporate, trust and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

## 1. Account registration

- Tax-exempt organization
- C Corporation
- Partnership
- Limited liability company
- S Corporation
- Trust
- Other entity

\_\_\_\_\_  
Name of trust/corporation/partnership and state of organization

\_\_\_\_\_  
Name(s) of authorized signers

\_\_\_\_\_  
Tax I.D. number

- Check here if you are a government entity or affiliated with a government entity.

You must supply documentation to substantiate existence of your organization (e.g., Articles of Incorporation/Formation/Organization, Trust Agreements (including the powers and limitations section(s)), Partnership Agreement, or other official documents). Remember to include a separate sheet detailing the full name, birth date, Social Security number and permanent street address for all authorized individuals.

## 2. Beneficial Owner Information

Please complete the table below for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more of the equity interests of the Legal Entity listed in section 1**. If no individuals meet this criteria, please leave the table blank to certify this requirement does not apply for the Legal Entity.

*Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed within the table (e.g. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.).*

For Foreign Persons: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

	Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Persons)	Passport Number and Country of Issuance (For Foreign Persons)
1					
2					
3					
4					

## 3. Controller Information

Please complete the table below with the requested information for **one** individual with significant responsibility for managing the Legal Entity listed in section 1, such as an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or any other individual who regularly performs similar functions (a beneficial owner named in section 2 can be listed here if appropriate).

For a Foreign Person: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Person)	Passport Number and Country of Issuance (For Foreign Person)

## 4. Permanent Address

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Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

Residential address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Mailing address (if different from permanent address)

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Telephone *daytime* \_\_\_\_\_  
*evening* \_\_\_\_\_

Email \_\_\_\_\_

**Required for e-delivery**

### E-delivery options

I would like to:

- Receive prospectuses, annual reports and semi-annual reports electronically
- Receive account statements electronically
- Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements and/or tax statements. If you opt to receive information electronically, you will need to establish on-line access to your account, which you may do once your account has been established by visiting [praxismutualfunds.com](http://praxismutualfunds.com).

## 5. Cost basis method

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For shares acquired on or after Jan. 1, 2012, the Cost Basis Method you elect applies to all existing and future accounts you may establish. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation. **If you do not elect a Cost Basis Method, your account will default to average cost.**

### Primary method (select only one)

- Average cost – averages the purchase price of acquired shares
- First in, first out – oldest shares are redeemed first
- Last in, first out – newest shares are redeemed first
- Low cost – least expensive shares are redeemed first
- High cost – most expensive shares are redeemed first
- Loss/gain utilization – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
- Specific lot identification – you must specify the share lots to be sold at the time of a redemption. (This method requires you elect a secondary method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

### Secondary method – applies only if specific lot identification was elected as the primary method (select only one)

- First in, first out
- Last in, first out
- Low cost
- High cost
- Loss/gain utilization

*Note: If a secondary method is not elected, first in, first out will be used.*

## 6. Investment selection

Indicate the fund(s) in which you are investing. **Minimum initial investment per fund – Genesis: \$1,000; other: \$2,500. See Section 7 for exceptions.**

Fund selection	Amount		Percentage
Genesis Portfolios			
Conservative (3171)	\$ _____	or	_____ %
Balanced (3172)	\$ _____	or	_____ %
Growth (3173)	\$ _____	or	_____ %
Money Market Account* (3156)	\$ _____	or	_____ %
Impact Bond Fund (3157)	\$ _____	or	_____ %
Value Index Fund (3160)	\$ _____	or	_____ %
Growth Index Fund (3162)	\$ _____	or	_____ %
Small Cap Index Fund (3161)	\$ _____	or	_____ %
International Index Fund (3163)	\$ _____	or	_____ %
Total	\$ _____		100 %

\*The Everence Money Market account is only available to individuals, trusts, and nonprofit organizations. See the Everence Money market Fact Sheet at [praxismutualfunds.com](http://praxismutualfunds.com) for details.

Select one of the following payment methods.

- By check: Make payable to Praxis Mutual Funds.
- By wire: Call **(800) 977-2947** for wire instructions.

## 7. Automatic investment plan (AIP)

You can make investments automatically from your checking or savings account by completing the following information.

- Provide your bank information by completing Section 11
- The minimum purchase amount is **\$50 for Genesis Funds, \$100 for other Funds**
- Initial purchase **can** be made through Automatic Investment for Genesis Portfolios only
- Automatic investments will begin 15 days after the initial set-up

	Amount
Genesis Portfolios	
Conservative (3171)	\$ _____
Balanced (3172)	\$ _____
Growth (3173)	\$ _____
Money Market Account (3156)	\$ _____
Impact Bond Fund (3157)	\$ _____
Value Index Fund (3160)	\$ _____
Growth Index Fund (3162)	\$ _____
Small Cap Index Fund (3161)	\$ _____
International Index Fund (3163)	\$ _____
Total investment	\$ _____

Please choose the day and frequency of your investment.

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

- Frequency  Semi-monthly  
 Monthly  
 Quarterly

Starting month \_\_\_\_\_

**I authorize Praxis Mutual Funds' transfer agent to charge the account designated in Section 11, and invest the monies into the Praxis fund(s) listed on the stated date(s). I will be responsible for assuring the monies are available in the designated bank account. I understand that if the day I selected falls on a weekend or holiday, the auto invest will be run the next business day.**

## 8. Rights of accumulation

Account owner, spouse and minor children (under age 21) living at the same address can aggregate accounts (excluding the Money Market Account) to reduce sales charges. Please refer to the prospectus for more information. The Social Security or account numbers for the accounts to be aggregated are as follows:

Fund	Account number	Social Security number
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 9. Letter of intent

You can qualify for a reduced sales charge by making additional investments within a 13-month period.

I agree to the terms of the letter of intent set forth in the prospectus. Although I am not obligated to do so, I plan to invest over a 13-month period in shares of one or more of the above funds (except money market) an aggregate amount at least equal to that indicated below.

\$50,000     \$100,000     \$250,000     \$500,000     \$1,000,000

Please note that all future purchases must refer to this letter of intent. See prospectus for details.

## 10. Systematic withdrawal plan

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

Check for proceeds to be mailed to the address in Section 4.

Check for proceeds to be deposited in the bank account in Section 11.

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

Please select how often you would like to have the amount(s) shown above withdrawn from your Praxis Mutual Funds account.

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

Frequency  Monthly  
 Quarterly  
 Semi-annually  
 Annually

Month \_\_\_\_\_

**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).**

## 11. Bank information

Bank name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Bank street address (do not use P.O. Box)

Bank account number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

Savings (attach preprinted deposit slip)

Checking (attach voided check)

## 12. Telephone and internet options

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Check if you **do not** want the ability to make telephone and/or internet purchases,\* redemptions\* or exchanges per the prospectus.

*\*You must provide bank instructions and a voided check or savings deposit slip in Section 11.*

## 13. Checkwriting (Everence Money Market Account only)

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You must have a **\$2,000 minimum balance** in the money market account to be eligible for checkwriting privileges. Checks will be mailed within ten business days after your account is opened.

I/we elect to have checkwriting privileges. I/we understand that the **minimum check amount I/we can write is \$250**. I/we guarantee the authenticity of each signature and understand the request is subject to the terms below.

Authorized signatures

(for joint accounts, all owners must sign)

One signature required

Two signatures required

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

I/we authorize U.S. Bank to honor these share drafts and to redeem sufficient shares in my account to cover payment of such checks. I understand that: (1) this privilege may be terminated at any time by the fund or the bank and that neither shall incur any liability or loss or expense or cost to me for honoring checks, or for effecting redemptions to pay checks, or for returning checks which have not been accepted; (2) checks drawn on a joint account will require the signature of one registered owner unless otherwise indicated above; (3) by signing this card I/we certify that each of the statements set forth on the purchase application are true and accurate.

## 14. Dividend options

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All income dividends and capital gains will be automatically reinvested unless indicated below.

Pay dividends and capital gains in cash.

Pay dividends in cash and reinvest capital gain distributions.

Pay capital gains in cash and reinvest dividends.

If you have chosen to receive dividends or capital gains in cash, please select a payment method.

By check.

By electronic transfer (direct deposit). Complete Section 11.

If your fund account has a minimum initial balance of at least \$5,000 you may elect to have dividends and/or capital gains distributions reinvested in **another** established Praxis account.

From: \_\_\_\_\_  
Fund

To: \_\_\_\_\_  
Fund

\_\_\_\_\_  
Account number

\_\_\_\_\_  
Account number

## 15. Automatic voluntary charitable contributions to Mennonite Foundation

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If your fund account has a minimum balance of at least \$10,000 and you elected to receive your dividends and/or capital gains in cash (Section 14), you may elect to contribute all of your dividends and/or capital gains distributions to the Mennonite Foundation.

Fund name \_\_\_\_\_

Fund name \_\_\_\_\_

Pay dividends to Mennonite Foundation

Pay dividends to Mennonite Foundation

Pay capital gains to Mennonite Foundation

Pay capital gains to Mennonite Foundation

## 16. Signature and taxpayer I.D. certification

- I have received and understand the prospectus for the Praxis Mutual Funds (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to make this purchase.
- The Fund, its transfer agent, and any officers, directors, employees or agents of these entities (collectively "Praxis Mutual Funds") will not be responsible for banking system delays beyond their control. By completing the banking section of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. Praxis Mutual Funds will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.
- I understand my mutual fund account may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

### Under penalties of perjury, I/we certify that:

1. The number shown on this form is my/our correct taxpayer identification number(s), (or I am/we are waiting for a number to be issued to me/us), and
2. I am/we are not subject to backup withholding because: (a) I am/we are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service (IRS) that I am/we are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/us that I am/we are no longer subject to backup withholding, and
3. I am/we are a U.S. citizen(s) or other U.S. person(s) (as defined in the Form W-9 instructions).
4. I am exempt from FATCA reporting.

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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

I hereby certify that to the best of my knowledge, the information provided about me, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.

X \_\_\_\_\_

Printed name of authorized signer

\_\_\_\_\_  
Signature of authorized signer

\_\_\_\_\_  
Date

**17. Broker/dealer information (if applicable)**

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*By designating a broker/dealer or financial advisor, I hereby authorize the Fund and its transfer agent to accept instructions from, and transmit information to, such designee concerning my account(s).*

\_\_\_\_\_  
Registered representative's name

\_\_\_\_\_  
Rep number

\_\_\_\_\_  
Registered representative's branch address

\_\_\_\_\_  
Registered representative's telephone number

\_\_\_\_\_  
Broker/dealer's name

\_\_\_\_\_  
Branch number

**18. How did you hear?**

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How did you first hear about Praxis Mutual Funds?

From your financial advisor

From a friend

From an advertisement

Green Money Journal

Other \_\_\_\_\_

From Web search engine

From other Web links

Other