

Distribution Request



A fund family of Everence

Please complete and send the 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

If you have any questions, please call Shareholder Services at 800-977-2947. Failure to complete any portion of this form will delay processing of your request.

1. Participant information

Name _____ Fund/account number _____
Address _____ Birth date _____
Street _____ Telephone _____
City _____ State _____ ZIP _____
Social Security number _____

2. Amount of distribution

Please check one only.

- Total distribution. **Go to Section 4.**
 Partial Distribution of \$_____. (Complete the information below) **Go to Section 4.**

Fund name or number	Amount		Percentage
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %

- Systematic Withdrawal to begin on _____ on the _____ (5-28th).
Month/Year Day

Please check one option only.

- Monthly Quarterly Semiannually Annually

If you do not indicate a month and day for your periodic distribution, it will begin on or about the 5th day of the current month. If you do not indicate a frequency, your distribution will be made annually.

3. Method of distribution

Please check one only.

- Please send my distribution check to the address on my account.
 Please send my distribution check to an address other than the address on my account (Medallion signature guarantee required).

Address _____ City _____ State _____ ZIP _____

If you have designated your bank, you must provide the bank's name, ABA routing number, and your bank account number.

Account holder name _____ Bank name _____ ABA routing number _____ Account number _____

Type of account

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

Method of distribution

- Wire
 ACH

4. Participation authorization

If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustees must sign, or (4) a corporation or other entity, an authorized signer must sign.

I certify that the information in this Distribution Request is accurate, and agree to hold U.S. Bank Global Fund Services harmless for any actions taken as a result of information I have provided. I understand I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

Participant signature

Date

Participant signature

Date

Participant signature

Date

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.*