

Entity Account Application

Institutional Share Class



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. 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

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

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.

Citizenship U.S. Resident alien

5. Cost basis method

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 investment per fund: \$100,000.**

Fund selection	Amount
Impact Bond Fund (3164)	\$ _____
Value Index Fund (3167)	\$ _____
Growth Index Fund (3169)	\$ _____
Small Cap Index Fund (3168)	\$ _____
International Index Fund (3170)	\$ _____
Total	\$ _____

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. Bank information

Bank name _____	Account holder name _____
Address _____ Bank street address (do not use P.O. Box)	Bank routing/ABA number _____
_____	Bank account number _____
City _____ State _____ ZIP code _____	<input type="checkbox"/> Savings (attach preprinted deposit slip)
	<input type="checkbox"/> Checking (attach voided check)

8. Telephone and internet options

- 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 7.*

9. Dividend options

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 7.

10. 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

11. Broker/dealer information (if applicable)

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

12. How did you hear?

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