

# Name change form

Praxis Mutual Funds



A fund family of Everence

Use this form to request a name change to your account(s). Please complete and send this 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

## 1. Current account information

Former name (as it appears on your account) \_\_\_\_\_ Telephone \_\_\_\_\_

Permanent street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Please indicate the account(s) this name change will affect:

Fund name \_\_\_\_\_ Fund number \_\_\_\_\_ Account number \_\_\_\_\_

Fund name \_\_\_\_\_ Fund number \_\_\_\_\_ Account number \_\_\_\_\_

Fund name \_\_\_\_\_ Fund number \_\_\_\_\_ Account number \_\_\_\_\_

*Note: Please attach a separate piece of paper listing any additional account numbers this change will affect.*

## 2. Updated account information

Please provide updated information exactly as you would like it to appear on your account(s). This includes your new name and, if applicable, your new address. If your mailing address is a P.O. Box, a permanent street address is also required by the USA Patriot Act.

New name \_\_\_\_\_ Telephone \_\_\_\_\_

Permanent street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Please select one:

- I have attached a certified copy of the legal documentation proving my name change (ex: marriage certificate or divorce decree).
- I am unable to provide a certified copy of the legal documentation proving my name change. I have obtained a signature guarantee in section 4 of the form.

### 3. Signatures

---

Please sign below with your new and former name.

\_\_\_\_\_  
Signature in former name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature in new name

\_\_\_\_\_  
Date

### 4. Signature authentication (if required)

---

**A signature guarantee will be required if you are unable to provide the legal documentation proving your name change.** Your signatures must be guaranteed by an officer of a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public from a financial institution is also able to provide an acceptable guarantee. The notary public's business card or a signed letter from the notary public on the financial institution's letterhead must accompany the form.

*Signature guarantee/signature validation/notary stamp*

\_\_\_\_\_  
Date