

# Traditional, Roth, SEP-IRA, or SIMPLE IRA Application

- Please call if you have any questions about filling out this application.
- Send this application, and if applicable, your check made payable to Praxis Mutual Funds to:

**(800) 977-2947**

**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

- **Annual administrative fee: \$15.** You can pay this fee in addition to your annual contribution prior to Dec. 1 to avoid an automatic deduction from your account. Make your check payable to Praxis Mutual Funds and indicate "IRA Fee" on the check.

## Important information about procedures for opening a new account

In compliance with the USA Patriot Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number and permanent street address.** 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 as an age-appropriate distribution at the current day's net asset value.

## 1. Participant information

Name \_\_\_\_\_  
First middle last

Email \_\_\_\_\_  
**Required for e-delivery**

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

City State ZIP code

Mailing address (if different from permanent address)

Street or P.O. Box

City State ZIP code

U.S. citizen  Resident alien

Social Security number \_\_\_\_\_

Birth date \_\_\_\_\_

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

*evening* \_\_\_\_\_

### 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).

## 2. Type of IRA

Please check **one** box. (Complete a separate application for each type of account.)

**Traditional IRA**

- For tax year \_\_\_\_\_
- IRA to IRA transfer (please complete *IRA Transfer Form*)
- Rollover (shareholder had receipt of funds)
- Inherited IRA  
Name of decedent \_\_\_\_\_  
Death date \_\_\_\_\_ Birth date \_\_\_\_\_

**IRA Rollover Account**

- Rollover IRA to Rollover IRA
- Direct rollover from qualified plan – complete any additional form(s) required by your plan administrator.  
Please check the type of qualified plan:  
 Corporate  Pension  Profit sharing plan  
 401(k)  403(b)  Other \_\_\_\_\_

**Roth IRA**

- For tax year \_\_\_\_\_
- Roth IRA to Roth IRA transfer (please complete *Request for Transfer or Conversion to a Roth IRA*)
- Traditional IRA conversion to Roth IRA (please complete *Request for Transfer or Conversion to a Roth IRA*)
- Rollover from Roth IRA (shareholder had receipt of funds)
- Inherited Roth IRA  
Name of decedent \_\_\_\_\_  
Death date \_\_\_\_\_ Birth date \_\_\_\_\_

- SEP (Simplified Employee Pension Plan)** – Each employee must complete an IRA application
  - Contribution
  - Transfer from another SEP-IRA account
  - Rollover (shareholder had receipt of funds)
- SIMPLE IRA**
  - Contribution
  - Transfer from another SIMPLE IRA account
  - Rollover (shareholder had receipt of funds)

**For SEP-IRA and SIMPLE IRA only**

Employer information

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street

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

Contact name \_\_\_\_\_

Telephone \_\_\_\_\_

## 3. Investment selection

Please invest my check, direct rollover, or transfer as follows. The contribution will be credited to the current tax year unless otherwise noted. **Minimum initial investment – Genesis: \$1,000; other: \$2,500. See Section 4 for exceptions.**

Fund selection	Amount	Percentage	Tax year
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 _____%	_____
Annual administrative fee	\$ _____		
Total	\$ _____	100 %	

\*See the Everence Money Market Account Fact Sheet for details.

#### 4. 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 8
- 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 \_\_\_\_\_

**By choosing Automatic Investment Plan, I authorize Praxis Mutual Funds' transfer agent to charge the account mentioned above, 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.**

Contributions made through this service are credited to the tax year in which contributions are made. Prior year contributions can be made by sending a check indicating the tax year for which the purchase is to be credited.

#### 5. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### 6. 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.

#### 7. 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 8.

## 8. Bank information

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Bank name \_\_\_\_\_ Account holder name \_\_\_\_\_  
Address \_\_\_\_\_ Bank routing/ABA number \_\_\_\_\_  
Bank street address (do not use P.O. Box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Bank account number \_\_\_\_\_  
 Savings (attach preprinted deposit slip)  
 Checking (attach voided check)

## 9. Beneficiary designation

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I designate the individual(s) named below as my primary and contingent beneficiaries of this IRA custodial account. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If no beneficiaries are named, my estate is the beneficiary. This may result in adverse tax consequences upon your death. Consult your tax advisor for assistance.

I revoke all prior IRA beneficiary designations, if any, made by me with respect to this IRA account. I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the custodian.

**If I make a per stirpes designation, I understand that the custodian will accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of my beneficiaries and the allocations thereto.**

Check here if you have attached and signed a separate sheet with additional Primary or Contingent Beneficiaries.

### Primary beneficiary A:

Name \_\_\_\_\_  
Social Security number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Birth date \_\_\_\_\_  
Relationship \_\_\_\_\_ Share \_\_\_\_\_%

### Primary beneficiary B:

Name \_\_\_\_\_  
Social Security number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Birth date \_\_\_\_\_  
Relationship \_\_\_\_\_ Share \_\_\_\_\_%

### Contingent beneficiary A:

Name \_\_\_\_\_  
Social Security number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Birth date \_\_\_\_\_  
Relationship \_\_\_\_\_ Share \_\_\_\_\_%

### Contingent beneficiary B:

Name \_\_\_\_\_  
Social Security number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Birth date \_\_\_\_\_  
Relationship \_\_\_\_\_ Share \_\_\_\_\_%

## **If your spouse is not the primary beneficiary**

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(Complete only if required by state law (AZ, CA, ID, LA, NV, NM, TX, WA, WI)).

I certify that I am the spouse of the individual named above. I consent to the above designation of beneficiary(ies). I understand that if anyone other than me is designated as primary beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

\_\_\_\_\_  
Spouse's signature  
2180403

\_\_\_\_\_  
Date

## 10. Householding

By signing this application, you authorize each Fund to send one copy of prospectuses and shareholder reports to multiple shareholders with the same last name and same address of record. This process, known as "householding," reduces the volume of mail you receive from the Funds. If you do not want to participate in householding and each shareholder wishes to receive his or her own copy of prospectuses and reports, please check the box below. If you or others in your household invest in the Funds through a broker or other financial institution, you may receive separate prospectuses and shareholder reports, regardless of whether or not you have consented to householding on your Praxis application.

I decline to participate in householding.

(Check the box only if you **do not** want your reports householded.)

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

- I have read and understand the *Disclosure Statement and Custodial Account Agreement*. I adopt the Praxis Mutual Funds (the "Fund") Custodial Account Agreement, as it may be revised from time to time and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Fund. I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e. consolidation of mailings) of 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.
- If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.
- 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.
- 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.

**Under penalties of perjury, I certify that:**

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

**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.**

X \_\_\_\_\_  
Investor's signature Date

## 12. 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

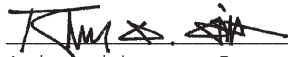
\_\_\_\_\_  
Broker/dealer's name

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

## 13. Acceptance

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Everence Trust Company accepts this application and agrees to act as custodian of the account named above and governed by the Custodial Agreement referenced herein.



\_\_\_\_\_  
Authorized signature – Everence Trust Company

\_\_\_\_\_  
Date

## 14. 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