

403(b) Retirement Plan Application



A fund family of Everence

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

(800) 977-2947

• Send this 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

• **Annual administrative fee: \$15.** You can pay this fee in addition to your contributions prior to Dec. 1 to avoid an automatic deduction from your account. Make your check payable to Praxis Mutual Funds and indicate "403(b) Fee" on the check.

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.** 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. Participant information

Employee's name _____
First middle last

Email _____
Required for e-delivery

Residential address _____
Street

City State ZIP code

Mailing address (if different from residential 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.

2. Employer information

Employer's name _____

Contact name _____

Address _____
Street

Telephone _____

Employer tax ID _____

City State ZIP code

3. Source of contributions

Select one.

- Employee salary reduction contributions only
- Employer contributions only*
- Employer and employee salary reduction contributions*

**Employers that are subject to ERISA or that are required to file Form 5500 should not establish an account with Praxis.*

4. Initial investment

Source of funds. Check all that apply.

- Employer contribution
- Salary reduction forwarded by my employer
- Direct rollover*
- Transfer from 403(b)**
- Rollover of assets originally made payable to me

**Complete the Request for Rollover to 403(b) form and send with this application.*

***Complete the Request for Transfer from 403(b) to 403(b) form and send with this application.*

5. Investment selection

Indicate the funds you are investing in. You may select more than one. **Minimum investment per fund–Genesis: \$50; other: \$100.**

Fund selection	Amount		Percentage
Genesis Portfolios			
Conservative (3171)	\$ _____	or	_____ %
Balanced (3172)	\$ _____	or	_____ %
Growth (3173)	\$ _____	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 %

Indicate when you wish to begin making contributions: _____

6. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. 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 (excluding 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.

8. Beneficiary designation

I designate the individual(s) named below as my primary and contingent beneficiaries of this 403(b) 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 403(b) beneficiary designations, if any, made by me with respect to this 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

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

Date

Witness: Notary Public

Subscribed and sworn to become on this _____ day of _____, 20_____

Notary signature

9. 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 household.)

10. Signature

- 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.
- 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.
- I hold harmless and indemnify Praxis and any of their affiliates or mutual funds managed by such affiliates, and each of their respective directors, trustees, officers, employees, and representatives from any losses, expenses, costs, or liability (including attorney's fees) which may be incurred in connection with these instructions or the exercise of the telephone exchange privilege. In addition, I authorize the instructions in this application.

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).

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 _____

Employee's signature

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. Acceptance

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

13. 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