

Coverdell Education Savings Account Application

- Please call if you have any questions about filling out this application.
- Send this application, and if applicable, your check made payable to Everence Trust Company 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 "Coverdell ESA 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, birth date, 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. Designated beneficiary (child) information

(Must be under age 18, unless special needs beneficiary.)

Name _____
First middle last

Residential address _____
Street

City State ZIP code

U.S. citizen Resident alien

Mailing address (if different from residential address)

Street or P.O. Box

City State ZIP code

Social Security number _____

Birth date _____

2. Responsible individual (parent or legal guardian of designated beneficiary)

Name _____
First middle last

Parent Guardian Other*

Residential address _____
Street

City State ZIP code

Mailing address (if different from residential address)

Street or P.O. Box

City State ZIP code

Social Security number _____

Birth date _____ U.S. citizen Resident alien

Email _____

Telephone daytime _____
evening _____

The following two options will be added to your account. If you do not want these options, check the boxes below.

1. The responsible party wishes to continue to control the account after the account holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article V of the Coverdell Education Savings Account agreement.
 The responsible party does not wish to control the account after age of majority.
2. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VI of the Coverdell Education Savings Account agreement.
 The responsible party may not change the beneficiary.

**Note: The depositor must name only one responsible individual and the responsible individual must be the designated beneficiary's parent or legal guardian. In certain situations, the designated beneficiary could be the responsible individual (see Article V of the Custodial Agreement).*

3. Depositor information

Individual establishing the account, if different than responsible individual.

Name _____
First middle last

Address _____
Street

City State ZIP code

Social Security number _____

Birth date _____

State or country of residence _____

Telephone *daytime* _____

evening _____

4. Initial investment

Contribution. Attach check made payable to Praxis Mutual Funds. Amount of check \$ _____

Rollover. Attach check made payable to Praxis Mutual Funds. Amount of check \$ _____

Account holder's CESA to account holder's CESA

Qualifying family member's CESA to account holder's CESA

Transfer from Coverdell Education Savings account. (Attach *Coverdell Education Savings Account Transfer Request*.)

5. Investment selection

Indicate the funds you are investing in. You may select more than one. **Minimum initial investment – Genesis: \$1,000; other: \$2,000. See Section 6 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.

6. 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 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 Auto Invest 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.

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

7. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. 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.

9. 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 10.*

10. Bank information

Bank name _____

Address _____

Bank street address (do not use P.O. Box)

City

State

ZIP code

2180404

Account holder name _____

Bank routing/ABA number _____

Bank account number _____

Savings (attach preprinted deposit slip)

Checking (attach voided check)

11. E-delivery options

I would like to: Receive prospectuses, annual reports and semi-annual reports electronically
 Receive account statements electronically
 Receive tastements 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.

Please note, you must provide your email address in Section 2 to enroll in e-delivery.

12. Beneficiary designation

I designate the individual(s) named below as the primary and contingent death beneficiaries of this account. If the Designated Beneficiary (Child) dies before the age of 30, the balance in the account shall be paid to the Primary Beneficiaries who survive the Child in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive the Child, the balance in the account shall be paid to the Contingent Beneficiaries who survive the Child in equal shares (or in the specified shares, if indicated). If no beneficiaries are named, the Child's estate is the beneficiary.

If the designated death beneficiary is a Family Member of the Child and is under the age of 30 at the Child's death, then the Family Member will become the Designated Beneficiary (Child) as of the date of death.

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 _____%

13. 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.)

14. 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.
- 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:

- 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
- 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
- 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 _____
Signature of depositor Date

X _____
Signature of responsible individual Date

15. 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 telephone number

Registered representative's branch address

Broker/dealer's name

Branch number

16. 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

17. 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