Individual Account Application

Praxis Mutual Funds®

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.** 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

Select the type of account you wish to open.

☐ **Individual or** ☐ **joint account.** Joint accounts will be registered as "joint tenancy with rights of survivorship," unless tenancy in common is indicated.
☐ Check for tenants in common.

Shareholder's name: first, middle, last

Shareholder's Social Security number — Birth date

☐ U.S. citizen ☐ Resident alien

Joint shareholder's name: first, middle, last

Joint shareholder's Social Security number — Birth date

☐ U.S. citizen ☐ Resident alien

☐ **Gift/transfer to minor (UGMA/UTMA)**

_______________ as custodian for
Custodian's name: first, middle, last

_______________ under the
Minor's name: first, middle, last

Uniform Gifts/Transfer to Minor's Act of _______________
State

Custodian's Social Security number — Birth date

☐ U.S. citizen ☐ Resident alien

Minor's Social Security number — Birth date

☐ U.S. citizen ☐ Resident alien

2. Shareholder information

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.

3. 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.

4. Investment selection

Indicate the fund(s) in which you are investing. **Minimum initial investment per fund – Genesis: $1,000; other: $2,500. See Section 5 for exceptions.**

Fund selection	Amount		Percentage
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	________%
Total	$ ________		100 %

**The Everence Money Market account is only available to individuals, trusts, and nonprofit organizaitons. See the Everence Money market Fact Sheet at praxismutualfunds.com for details.*

Select one of the following payment methods.

☐ By check: Make payable to Praxis Mutual Funds.

☐ By wire: Call **(800) 977-2947** for wire instructions.

5. 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 9
- 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 7 business 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
☐ Semi-annually
☐ Annually

Starting month ____________________

I authorize Praxis Mutual Funds' transfer agent to charge the account designated in Section 9, 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.

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 (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.

8. Systematic withdrawal plan

You may make regular, automatic withdrawals of at least $50 from your Praxis Mutual Funds account(s).

☐ Check for proceeds to be mailed to the address in Section 2.

☐ Check for proceeds to be deposited in the bank account in Section 9.

Fund selection	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 withdrawal	$________

Please select how often you would like to have the amount(s) shown above withdrawn from your Praxis Mutual Funds account.

Day of withdrawal ________ (1-28)

Frequency ☐ Monthly
☐ Quarterly
☐ Semi-annually
☐ Annually

Month ________________

By making the above selection, I authorize Praxis Mutual Funds' transfer agent and distributor to redeem shares from my Praxis Mutual Funds account on the stated date(s).

9. Bank information

Bank name ________________________

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

____
City State ZIP code

Account holder name ________________________

Bank routing/ABA number ________________________

Bank account number ________________________

☐ Savings (attach preprinted deposit slip)

☐ Checking (attach voided check)

10. 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 9.

11. Checkwriting (Everence Money Market Account only)

You must have a **$2,000 minimum balance** in the money market account to be eligible for checkwriting privileges. Checks will be mailed within ten business days after your account is opened.

☐ I/we elect to have checkwriting privileges. I/we understand that the **minimum check amount I/we can write is $250**. I/we guaurantee the authenticity of each signature and understand the request is subject to the terms below.

Authorized signatures (for joint accounts, all owners must sign)

☐ One signature required

☐ Two signatures required

X____

X____

X____

I/we authorize U.S. Bank to honor these share drafts and to redeem sufficient shares in my account to cover payment of such checks. I understand that: (1) this privilege may be terminated at any time by the fund or the bank and that neither shall incur any liability or loss or expense or cost to me for honoring checks, or for effecting redemptions to pay checks, or for returning checks which have not been accepted; (2) checks drawn on a joint account will require the signature of one registered owner unless otherwise indicated above; (3) by signing this card I/we certify that each of the statements set forth on the purchase application are true and accurate.

12. 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 9.

If your fund account has a minimum initial balance of at least $5,000 you may elect to have dividends and/or capital gains distributions reinvested in **another** established Praxis account.

From: ______________________________ To: ______________________________

Fund Fund

______________________________ ______________________________

Account number Account number

13. Automatic voluntary charitable contributions to Mennonite Foundation

If your fund account has a minimum balance of at least $10,000 and you elected to receive your dividends and/or capital gains in cash (Section 12), you may elect to contribute all of your dividends and/or capital gains distributions to the Mennonite Foundation.

Fund name ______________________________

☐ Pay dividends to Mennonite Foundation

☐ Pay capital gains to Mennonite Foundation

Fund name ______________________________

☐ Pay dividends to Mennonite Foundation

☐ Pay capital gains to Mennonite Foundation

14. 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.)

15. 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).**

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

____
Joint shareholder (if any) Date

16. 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 ____________________

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