

Automatic Investment Plan (AIP)



A fund family of Everence

If you have any questions regarding this application, please call Shareholder Services at **(800) 977-2947**.

Send completed form 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

Name _____ Social Security number _____

Registration: Individual Joint UT/GMA
 IRA SEP IRA Roth IRA Other _____

You can make investments automatically from your checking or savings account.

Note: Initial purchases cannot be made through Automatic Investment Plan.

Account holder name _____ Bank name _____ ABA routing number _____ Account number _____

Bank address (Do not use P.O. box)

Savings (attach preprinted deposit slip) Checking (attach voided check)

Praxis Mutual Funds for AIP (minimum per fund – Genesis: \$50; other: \$100)

Fund name	Account number	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) (formerly named Small Cap Fund)	_____	\$ _____
International Index Fund (3163)	_____	\$ _____
Total investment		\$ _____

*The Everence Money Market account is only available to individuals, trusts, and nonprofit organizations. See the Everence Money Market Fact Sheet for details.

See prospectus for information on account minimums and annual account fees.

Please choose the day and frequency of your investment.

Day of investment _____ (1-28)

Frequency Semi-monthly
 Monthly
 Quarterly

Starting month _____

Contributions to retirement plans 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. Any changes to this section must be requested in writing to the distributor. Please allow 15 business days after receipt of the request to add, change, or discontinue the Automatic Investment Plan.

By making the above selection, I authorize Praxis Mutual Funds' transfer agent to charge the account designated above and invest the monies into the Praxis funds on the stated dates. 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.

Signature of applicant

Signature of applicant