

IRA Transfer or Direct Rollover Request



A fund family of Everence

- Please send the 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

(800) 977-2947

- Praxis will forward these instructions to your present trustee/custodian.
- Attach a copy of your last account statement. **If this is an annuity, please attach your contract.**

1. Participant information

Name _____ Social Security number _____
First middle last
 Birth date _____
 Address _____ Telephone *daytime* _____
Street
evening _____
City State ZIP code

2. Present custodian

Custodian/trustee _____ Type of account being transferred/rolled over:
 Account number _____ SEP IRA
 Address _____ IRA
Street Inherited IRA
 SIMPLE IRA* – Original SIMPLE IRA funding date _____
City State ZIP code Qualified Retirement Plan (Pension, Profit Sharing, 401(k) or 403(b) plan)
 Contact name _____ Other _____

Telephone number (required) _____

**SIMPLE IRA funds cannot be combined with traditional IRA funds during the first two years of initial participation in the SIMPLE IRA.*

3. Investment selection

- I am opening a new account and **have attached a new application.**
- I have an existing IRA. Invest the proceeds as follows:

Fund selection	Percentage	Existing Account No.
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	100 %	

4. Authorization for transfer

To resigning trustee/custodian or plan administrator: I have established an IRA account with Praxis Mutual Funds. Please liquidate or transfer assets in my account with you, as indicated below. I would appreciate your prompt attention to this request.

Liquidate all or part (\$_____) of the account indicated in Section 2 and transfer proceeds, in cash, to Praxis Mutual Funds immediately or at maturity.

Please make check payable to Praxis Mutual Funds, FBO (Investor name) IRA.

Along with a copy of this form, mail check to:

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c/o U.S. Bank Global Fund Services
P.O. Box 701
Milwaukee, WI 53201-0701

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I am over age 70 1/2 and have not taken the required minimum distribution for the current year. Please withhold that amount from this transfer/direct rollover and send to me.

5. Signature and certification

I certify that I have established an IRA with Praxis Mutual Funds, of which Everence Trust Company is the Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize U.S. Bank Global Fund Services, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X _____
Signature of owner Date

Medallion signature guarantee*

Important: Please contact your current custodian/trustee to determine if a signature guarantee is required.

**A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "signature guaranteed" must be stamped or typed near your signature. The guarantee must appear with the printed name, title and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.*

6. Acceptance: Completed by Praxis

Everence Trust Company agrees to accept the assets described above and credit them to the IRA that has been established. Everence Trust Company accepts its appointment as successor custodian for the above IRA.



Authorized signature – Everence Trust Company Date