Coverdell Education Savings Account Transfer Request



A fund family of Everence

• Please send the completed form and, if applicable, your check made payable to Praxis Mutual Funds to:

(800) 977-2947

Regular mail
Praxis Mutual Funds
c/o U.S. Bancorp Fund Services LLC
P.O. Box 701

Praxis Mutual Funds c/o U.S. Bancorp Fund Services LLC 615 E. Michigan St., 3rd Floor Milwaukee, WI 53202-5207

Overnight mail

- Milwaukee, WI 53201-0701 Milwaukee, WI

 Praxis will forward these instructions to your present trustee/custodian.
- Please attach a copy of your last account statement.

Responsible individual			Designated child		
Name			Name		
First	middle	last	First	middle	last
Address			_ Address		
Street			Street		
City	State	ZIP code	City	State	ZIP code
Social Security number			Social Security number		
Birth date			Birth date		
Telephone <i>daytime</i>			_		
evening			_		
2. Present custodian					
Custodian/trustee			Contact name		
Address			Telephone number (required)	
Street			Account or policy number _		
City	State	ZIP code	_		

2161194

3. Investment selection			
☐ I am opening a new account and have	e attached a new ap	pplication.	
☐ I have an existing Coverdell Education	Savings Account. In	nvest 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) (formerly named Small Cap Fund)	%		
International Index Fund (3163)	%		
Total	100 %		
4. Authorization for transfer			
Mutual Funds. Please liquidate or transferattention to this request. Liquidate all or part (\$	er assets in my accou) of the account in	nave established a Coverdell Education Savings Accour unt with you, as indicated below. I would appreciate you ndicated in Section 2 and transfer the proceeds, in cas	our prompt
Company is the Custodian. I agree to co documentation or a signature guarantee transfers or direct rollovers. I agree to ho	ntact my present Cu e is required. I unders old the Custodian ha e that the Custodian	s Account with Praxis Mutual Funds, of which Everence ustodian from whom I am transferring to determine if stand that I am responsible for determining my eligibil armless against any and all situations arising from an in or its agent cannot provide legal advice and I agree to	specific ity for all neligible
I authorize U.S. Bancorp Fund Services L facilitate the transfer of assets.	LC, to act on my beh	half in contacting the current custodian or plan admin	strator to
X		<u>-</u>	
Signature of responsible individual		Date	
Medallion signature guarantee*		Date	
include banks, saving associations, credit unions a	nd brokerage firms. The v	ution, as defined by the Securities and Exchange Commission. These words "signature guaranteed" must be stamped or typed near your ficer and the name of the guarantor institution. Please note that a N	signature. The
6. Acceptance: Completed by I	Praxis		
		ed above and credit them to the Praxis Mutual Fund Conce Trust Company accepts its appointment as success	
Authorized signature – Everence Trust Company	Date		