

Request for Rollover to 403(b)

- Do not use this form if rolling over or transferring assets from a 403(b) plan.
- Please give this form to your current employer that sponsors the 403(b) plan.
- Employer: Please review this form. If your plan allows rollovers into your plan, please sign the employer section and send 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
- Praxis will forward these instructions to the present trustee/custodian.

1. Employee information

Employee's name _____
First middle last

Address _____
Street City State ZIP code

Social Security number _____ Birth date _____

2. Present custodian

Name of custodian _____

Address _____
Street City State ZIP code

Account or policy number _____

3. Source of assets to be transferred

Attach your most recent account statement. If this is an annuity, please attach your contract.

IRA – If you have made non-deductible contributions to any IRA, you cannot rollover those funds into a 403(b). Only the pre-tax portion of your account is eligible for rollover.

Qualified Plan or 457(b) – I qualify for a rollover distribution because I:

Had a severance of employment with the employer that established this retirement plan

Employer name _____

Address _____
Street City State ZIP code

Telephone number _____ Termination date _____

Am the surviving spouse beneficiary of a deceased participant

If you are over 70 1/2, you must take your required minimum distribution prior to transferring assets to Praxis Mutual Funds.

4. Investment selection

I have an existing Praxis 403(b) custodial account. Account number _____

Invest the proceeds as follows:

| Fund selection | Percentage | Existing Account No. |
|--|------------|----------------------|
| Genesis Portfolios | | |
| Conservative (3171) | _____ % | _____ |
| Balanced (3172) | _____ % | _____ |
| Growth (3173) | _____ % | _____ |
| 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 % | |

5. Authorization for rollover

To resigning trustee or custodian: I have established a 403(b) account with Praxis Mutual Funds. Please liquidate or transfer assets in my account with you, as indicated below. Please give your prompt attention to this request.

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

Surrender the enclosed annuity contract(s) and forward proceeds in cash to Praxis Mutual Funds.

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 and send to me.

6. Participant authorization

I certify that the information contained on this form is true and correct to the best of my knowledge and I understand that my election to treat a deposit as a rollover is irrevocable. I further understand that decisions regarding rollovers and direct rollovers have important tax consequences, and I have been advised to seek the guidance of a tax professional with regard to this decision. I certify that I am not rolling over any after-tax contributions, and that I have taken my required minimum distribution, if applicable. I assume full responsibility for the consequences of this rollover or direct rollover decision.

X _____
Signature of account owner Date

Medallion signature guarantee* Date

*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.

7. Current employer authorization

I am the current employer of the person identified in Section 1. I acknowledge that this transaction is permitted under the terms of our 403(b) plan and that I approve of this transaction.

Signature of employer

Date

8. Instructions and acceptance

Everence Trust Company has agreed to serve as custodian for the above person's 403(b) account. As custodian, Everence Trust Company will accept the transfer described above. Please liquidate and transfer on a custodian-to-custodian basis all or part of the designated account as instructed in Section 5. Make check payable to Praxis Mutual Funds and mail in the enclosed envelope accompanied by a copy of this request to:

Regular mail

Praxis Mutual Funds
c/o U.S. Bancorp Fund Services LLC
P.O. Box 701
Milwaukee, WI 53201-0701

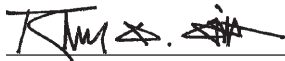
Overnight mail

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

Also include the following information on the check:

Praxis 403(b) custodial account number

FBO



Authorized signature – Everence Trust Company

Date