

403(b) Employer Enrollment



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

Please call if you have any questions about filling out this application.

Employer information

Employer's name _____	Telephone _____
Employer's tax ID _____	Fax _____
Address _____	Name of employee contact person _____
Street _____	Title _____
City _____ State _____ ZIP _____	

Plan type

Select one

- Employee salary reduction contributions only
- Employer contributions only*
- Employer and employee salary reduction contributions*

* Praxis cannot accept employer contributions unless the employer is a church or a qualified controlled church organization. The term "church" means a church, a convention or association of churches, or an elementary or secondary school which is controlled, operated, or principally supported by

a church or by a convention or association of churches. The term "qualified church-controlled organization" means any church-controlled tax-exempt organization described in Internal Revenue Code section 501(c)(3), that receives the majority of its support from donations. Church controlled organizations that (i) offer goods, services, or facilities for sale to the general public, and (2) normally receive more than 25 percent of its support from either (I) governmental sources, or (II) receipts from admissions, sales of merchandise, performance of services, or furnishing of facilities, are not considered QC-COs. Examples of organizations that are not QCCOs are retirement communities, hospitals, nursing homes and colleges.

Payment frequency

Beginning on _____, we will transmit 403(b) contributions monthly, on the _____ day of the month.
date

We will send one check made payable to Everence Trust Company, and mail to:

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Please include a contribution schedule showing each employee's name, Social Security number, account number(s), and the amount allocated to each employee's fund account(s).

Employer agreement

The employer hereby accepts the Praxis 403(b)(7) Tax-Sheltered Custodial Account Agreement and agrees to be bound by its terms. The employer certifies that it is eligible to offer 403(b)(7) plans to its employees. If employer contributions are being made, the employer certifies that they are a church or a qualified church controlled organization as those terms are defined above. The undersigned certifies that he/she has the authority to sign this document on the employer's behalf and make the representations and agreements described above.

Employer representative's signature

Date

Acceptance

Everence Trust Company accepts this application and agrees to act as custodian of the 403(b)(7) Custodial Account named above governed by the Custodial Account Agreement referenced herein.

Authorized signature – Everence Trust Company

Date