

# Group Discount Application

SIMPLE, SEP-IRA or 403(b)



A fund family of Everence

Please send the completed form to [praxisinfo@everence.com](mailto:praxisinfo@everence.com). Please call 574.533-9511 if you have any questions about filling out this application.

## Employer information

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Employer's name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer's tax ID \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP code

Employee contact person \_\_\_\_\_  
Name Title

## Plan type

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- SIMPLE
- SEP-IRA
- 403(b)

## Election

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Please aggregate all plan participant accounts under the applicable SIMPLE, SEP-IRA or 403(b) noted above for purposes of sales charge discounts under the Rights of Accumulation provision as described in the Praxis Mutual Funds prospectus. I understand and agree to the following:

1. Sales charge discounts will apply when the combined market value of all individual plan participant accounts (excluding money market accounts) plus new contributions reaches the amount needed to qualify for a reduced sales charge;
2. For purposes of the Rights of Accumulation, the market value will be based on the current day's NAV;
3. Sales charge discounts under the Rights of Accumulation will only apply to plan participant accounts after this signed Application is received by US Bancorp Fund Services, LLC;
4. Plan participant accounts that are aggregated under the applicable SIMPLE, SEP-IRA or 403(b) will not be eligible to be counted under the Rights of Accumulation or Letter of Intent sales charge reduction or waiver provisions of the Prospectus with accounts other than those in the applicable SIMPLE, SEP-IRA or 403(b);
5. Each application submitted for a new plan participant will be accompanied by a cover sheet identifying the group the participant belongs to;
6. I have explained to plan participants the impact aggregating accounts within the SIMPLE, SEP-IRA or 403(b) could have on the participant's eligibility for sales charge discounts on other accounts the participant has with Praxis.

\_\_\_\_\_  
Registered Representative

\_\_\_\_\_  
Date