Entity Account Application

Institutional Share Class

Praxis Mutual Funds®
A fund family of Everence

Please call if you have any questions about filling out this application. **800-977-2947**

Send completed application to:

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

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

Important information about procedures for opening a new account.
In compliance with the USA Patriot Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number and permanent street address. Corporate, trust and other entity accounts require additional documentation**. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

1. Account registration

☐ **Tax-exempt organization**
☐ **C Corporation**
☐ **Partnership**
☐ **Limited liability company**
☐ **S Corporation**
☐ **Trust**
☐ **Other entity**

____
Name of trust/corporation/partnership and state of organization

____
Name(s) of authorized signers

____
Tax I.D. number

☐ Check here if you are a government entity or affiliated with a government entity.

You must supply documentation to substantiate existence of your organization (e.g., Articles of Incorporation/Formation/Organization, Trust Agreements (including the powers and limitations section(s)), Partnership Agreement, or other official documents). Remember to include a separate sheet detailing the full name, birth date, Social Security number and permanent street address for all authorized individuals.

2. Beneficial owner information

Please complete the table below for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more of the equity interests of the Legal Entity listed in section 1**. If no individuals meet this criteria, please leave the table blank to certify this requirement does not apply for the Legal Entity.

Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed within the table (e.g. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.).

For Foreign Persons: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. ***A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.***

	Name	Date of birth	Address (residential or business street address)	Social Security number (for U.S. persons)	Passport number and country of issuance (for foreign persons)
1					
2					
3					
4					

3. Controller information

Please complete the table below with the requested information for ***one*** individual with significant responsibility for managing the Legal Entity listed in section 1, such as an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or any other individual who regularly performs similar functions (a beneficial owner named in section 2 can be listed here if appropriate).

For a foreign person: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. ***A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.***

Name	Date of birth	Address (residential or business street address)	Social Security number (for U.S. person)	Passport number and country of issuance (for foreign person)

4. Permanent address

Residential address or principal place of business - Foreign addresses and P.O. boxes are not allowed.

Residential address ____

Street City State ZIP code

Mailing address (if different from permanent address)

____

Street or P.O. Box City State ZIP code

Telephone ______________________ ______________________

daytime evening

Email ______________________

Required for e-delivery

E-delivery options

I would like to:

☐ Receive prospectuses, annual reports and semiannual reports electronically.

☐ Receive statements electronically.

☐ Receive transaction confirmations electronically.

☐ Receive tax statements electronically.

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements, confirmations and/or tax statements. If you opt to receive information electronically, you will need to establish online access to your account, which you may do once your account has been established by visiting praxismutualfunds.com/login.

Citizenship ☐ U.S. ☐ Resident alien

5. Cost basis method

For shares acquired on or after Jan. 1, 2012, the Cost Basis Method you elect applies to all existing and future accounts you may establish. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation. **If you do not elect a Cost Basis Method, your account will default to average cost.**

Primary method (select only one)

☐ Average cost – averages the purchase price of acquired shares.

☐ First in, first out – oldest shares are redeemed first.

☐ Last in, first out – newest shares are redeemed first.

☐ Low cost – least expensive shares are redeemed first.

☐ High cost – most expensive shares are redeemed first.

☐ Loss/gain utilization – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares.

☐ Specific lot identification – you must specify the share lots to be sold at the time of a redemption. (This method requires you elect a secondary method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

Secondary method – applies only if specific lot identification was elected as the primary method (select only one)

☐ First in, first out

☐ Last in, first out

☐ Low cost

☐ High cost

☐ Loss/gain utilization

Note: If a secondary method is not elected, first in, first out will be used.

6. Investment selection

Indicate the fund(s) in which you are investing. **Minimum investment per fund: $100,000.**

Fund selection	Amount
Impact Bond Fund (3164)	$ ________
Value Index Fund (3167)	$ ________
Growth Index Fund (3169)	$ ________
Small Cap Index Fund (3168)	$ ________
International Index Fund (3170)	$ ________
Total	$ ________

Select one of the following payment methods.

☐ By check: Make payable to Praxis Mutual Funds.
☐ By wire: Call **800-977-2947** for wire instructions.
☐ By ACH: Complete section 8 below.

7. Systematic withdrawal plan

You may make regular, automatic withdrawals of at least $50 from your Praxis Mutual Funds account(s).

☐ Check for proceeds to be mailed to the address in section 2.
☐ Check for proceeds to be deposited in the bank account in section 6.

Fund selection	Amount
Impact Bond Fund (3164)	$ ________
Value Index Fund (3167)	$ ________
Growth Index Fund (3169)	$ ________
Small Cap Index Fund (3168)	$ ________
International Index Fund (3170)	$ ________
Total withdrawal	$ ________

Please select how often you would like to have these amount(s) withdrawn from your Praxis Mutual Funds account.

Day of withdrawal ________ (1-28)

Frequency
☐ Monthly
☐ Quarterly
☐ Semiannually
☐ Annually

Month ____________________

By making the above selection, I authorize Praxis Mutual Funds' transfer agent and distributor to redeem shares from my Praxis Mutual Funds account on the stated date(s).

8. Bank information

Bank name ____

Address ____
Bank street address (do not use P.O. Box)

____
City State ZIP code

Account holder name ________________________________

Bank routing/ABA number ____________________________

Bank account number ________________________________

☐ Savings (attach preprinted deposit slip)
☐ Checking (attach voided check)

9. Telephone and internet options

☐ Check if you **do not** want the ability to make telephone and/or internet purchases*, redemptions* or exchanges per the prospectus.

**You must provide bank instructions and a voided check or savings deposit slip in section 8.*

10. Dividend options

All income dividends and capital gains will be automatically reinvested unless indicated below.

☐ Pay dividends and capital gains in cash.
☐ Pay dividends in cash and reinvest capital gain distributions.
☐ Pay capital gains in cash and reinvest dividends.

If you have chosen to receive dividends or capital gains in cash, please select a payment method.

☐ By check.
☐ By electronic transfer (direct deposit). Complete section 8.

11. Signature and taxpayer I.D. certification

- I have received and understand the prospectus for the Praxis Mutual Funds (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to make this purchase.
- The Fund, its transfer agent, and any officers, directors, employees or agents of these entities (collectively "Praxis Mutual Funds") will not be responsible for banking system delays beyond their control. By completing the banking section of this applciation, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. Praxis Mutual Funds will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.
- I understand my mutual fund account may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

Under penalties of perjury, I/we certify that:

1. **The number shown on this form is my/our correct taxpayer identification number(s), (or I am/we are waiting for a number to be issued to me/us), and**
2. **I am/we are not subject to backup withholding because: (a) I am/we are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service (IRS) that I am/we are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/us that I am/we are no longer subject to backup withholding, and**
3. **I am/we are a U.S. citizen(s) or other U.S. person(s) (as defined in the Form W-9 instructions).**
4. **I am exempt from FATCA reporting.**

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I hereby certify that to the best of my knowledge, the information provided about me, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.

X ____

Printed name of authorized signer

____

Signature of authorized signer Date

12. Broker/dealer information (if applicable)

By designating a broker/dealer or financial consultant, I hereby authorize the Fund and its transfer agent to accept instructions from, and transmit information to, such designee concerning my account(s).

______________________ ______________________

Registered representative's name Rep number

____

Registered representative's branch address

____

Registered representative's telephone number

______________________ ______________________

Broker/dealer's name Branch number

13 . How did you hear?

How did you first hear about Praxis Mutual Funds?

- ☐ From your financial consultant
- ☐ From a friend
- ☐ From an advertisement
  - ☐ GreenMoney Journal
  - ☐ Other ______________________________
- ☐ From web search engine
- ☐ From other web links
- ☐ Other______________________________