



Address Change Request

1 REGISTRATION INFORMATION

Name *first, middle, last* _____ Account Number(s) _____
 Last Four Digits SSN or Tax ID # _____ Date of Birth *mm/dd/yyyy* _____ Joint Owner' Name (if applicable) *first, middle, last* _____
 Existing Residential Address *on Account* _____ City _____ State _____ Zip Code _____

2 NEW ADDRESS

New Residential Address *(May not be a P.O. box, APO or FPO address)* _____ City _____ State _____ Zip Code _____
 New Mailing Address *(if different from above)* _____ City _____ State _____ Zip Code _____
 Daytime Phone *area code, number, extension* _____ Email Address _____

3 SIGNATURES

I authorize Pear Tree Funds to change the address on the account(s) listed above.

Account Owner's Signature _____ Date *mm/dd/yyyy* _____
 Joint Account Owner's Signature *(if applicable)* _____ Date *mm/dd/yyyy* _____



Mailing Address:*

Pear Tree Funds
 Attention: Transfer Agent
 55 Old Bedford Road, Suite 202
 Lincoln, MA 01773

*For both standard and overnight Shipping



Phone Number:

(800)-326-2151



Website:

www.peartreefunds.com