



Beneficiary Designation Form

1 REGISTRATION INFORMATION

Name <i>first, middle, last</i>	Account Number		
Last Four Digits SSN or Tax ID #	Date of Birth <i>mm/dd/yyyy</i>	Email Address	
Daytime Phone <i>area code, number, extension</i>	Evening Phone <i>area code, number, extension</i>		
Residential Address <i>(may not be a P.O. box, APO or FPO address)</i>	City	State	Zip Code

2 PRIMARY BENEFICIARIES

In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). Percentages or proportions for Beneficiaries must total 100%. If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary. (Attach additional pages if necessary to name additional Primary Beneficiaries.)

A. No Beneficiary:			
<input type="checkbox"/> I do not want to designate primary beneficiaries at this time. If this box is checked, your beneficiary will be your Estate.			
B. My Spouse: <i>(check only one option)</i>			
<input type="checkbox"/>	_____ %	To the person named here <i>first middle, last</i> Date of Birth Social Security Number	
<input type="checkbox"/>	_____ %	To the person I am married to at the time of my death	
C. My Descendants: <i>If you want your assets divided into unequal amounts, list the names of the Individuals in D, below.</i>			
<input type="checkbox"/>	_____ %	To my descendants who survive me, per stirpes. <i>Your assets will be divided equally among your children. If a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any).</i>	
<input type="checkbox"/>	_____ %	Equally to my grandchildren who survive me (skip my children)	
D. Individuals: <i>Attach a separate sheet if you want to list more names. (can be descendants)</i>			
<input type="checkbox"/>	_____ %	Name of Individual <i>first middle, last</i> Relationship Date of Birth Social Security Number	
<input type="checkbox"/>	_____ %	Name of Individual <i>first middle, last</i> Relationship Date of Birth Social Security Number	
E. Trusts: <i>(applies to existing trusts only; you cannot create a trust with this form)</i>			
<input type="checkbox"/>	_____ %	Name of Existing Trust Date of Trust	
<input type="checkbox"/>	_____ %	Name of trust to be created under my last will	
F. Other:			
<input type="checkbox"/>	_____ %	Organization or Charity <i>(provide name)</i>	
<input type="checkbox"/>	_____ %	My Estate	
Total:			_____ %

*** If the percentages do not equal 100%. we will allocate equal percentages totaling 100%**

3 ALTERNATE BENEFICIARIES

If none of the Primary Beneficiaries survives me, pay any interest I may have under my Account to the following Alternate Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). Percentages or proportions for Beneficiaries must total 100%. If any Alternate Beneficiary predeceases me, his share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each such surviving Alternate Beneficiary.

A. No Beneficiary:			
<input type="checkbox"/> I do not want to designate alternate beneficiaries at this time. If this box is checked, your beneficiary will be your Estate.			
B. My Spouse: (check only one option)			
<input type="checkbox"/>	_____ %	To the person named here <i>first middle, last</i> _____ Date of Birth _____ Social Security Number _____	
<input type="checkbox"/>	_____ %	To the person I am married to at the time of my death	
C. My Descendants: <i>If you want your assets divided into unequal amounts, do not use this option. List the names of the Individuals in D, below.</i>			
<input type="checkbox"/>	_____ %	To my descendants who survive me, per stirpes. <i>Your assets will be divided equally among your children. If a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any).</i>	
<input type="checkbox"/>	_____ %	Equally to my grandchildren who survive me (skip my children)	
D. Individuals: <i>Attach a separate sheet if you want to list more names. (can be descendants)</i>			
<input type="checkbox"/>	_____ %	Name of Individual <i>first middle, last</i> _____ Relationship _____ Date of Birth _____ Social Security Number _____	
<input type="checkbox"/>	_____ %	Name of Individual <i>first middle, last</i> _____ Relationship _____ Date of Birth _____ Social Security Number _____	
E. Trusts: (applies to existing trusts only; you cannot create a trust with this form)			
<input type="checkbox"/>	_____ %	Name of Existing Trust _____ Date of Trust _____	
<input type="checkbox"/>	_____ %	Name of trust to be created under my last will _____	
F. Other:			
<input type="checkbox"/>	_____ %	Organization or Charity (provide name) _____	
<input type="checkbox"/>	_____ %	My Estate _____	
Total:			_____ %

* If the percentages do not equal 100%. we will allocate equal percentages totaling 100%

4 SPOUSAL CONSENT

This section should be completed if the Depositor is married and designates a beneficiary other than the spouse. It is the Depositor's responsibility to determine if this section applies. The Depositor may need to consult with legal counsel. Neither the Custodian nor the Funds are liable for any consequences resulting from a failure of the Depositor to provide proper spousal consent.

I am the spouse of the above-named Depositor. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this account, I have been advised to see a tax professional or legal advisor.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Fund.

Signature _____

Date _____

5 SIGNATURE

I understand that the beneficiaries named herein may be changed or revoked at any time by sending a new designation in writing to the Pear Tree Funds at the address below.

Signature _____

Date _____



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