



Request for Automatic Investment Plan

1 REGISTRATION INFORMATION

Name *first, middle, last* _____ Account Number _____

Last Four Digits SSN or Tax ID # _____ Date of Birth *mm/dd/yyyy* _____ Email Address _____

Daytime Phone *area code, number, extension* _____ Evening Phone *area code, number, extension* _____

Residential Address (May not be a P.O. box, APO or FPO address) _____ City _____ State _____ Zip Code _____

2 INVESTMENT CHOICE

I would like to establish an Automatic Investment Plan ("Plan") as described in the Prospectus. I agree to reimburse Pear Tree Funds and/or its affiliated companies for any expenses or losses that they may incur in connection with my Plan, including any caused by my bank's failure to act in accordance with my request. If any bank makes any erroneous payment or fails to make payment after shares are purchased on my behalf, any such purchase may be canceled, and I hereby authorize redemptions and/or deductions from my account for that purpose.

I/We authorize you to withdraw from my/our bank account the amount listed below, under the terms set forth in the Prospectus, on a monthly basis on or about the twentieth of each month to be invested in:

Amount \$ _____ (minimum of \$100/month total) to be allocated among the following funds:

- 1. Pear Tree Quality Fund \$ _____
 - 2. Pear Tree Polaris Small Cap Fund \$ _____
 - 3. Pear Tree Polaris Foreign Value Fund \$ _____
 - 4. Pear Tree Polaris Foreign Value Small Cap Fund \$ _____
 - 5. Pear Tree Axiom Emerging Markets World Equity Fund \$ _____
 - 6. Pear Tree Polaris International Opportunities Fund \$ _____
- TOTAL: \$ _____

Please enclose an unsigned, voided check. Your bank must be a member of the Automated Clearing House (ACH). If you do not have a check, enclose either a preprinted deposit slip or a letter from your bank containing your account information and the names(s) of the bank account owners.

3 SIGNATURES

Signature (joint accounts require the signatures of both account owners) _____ Date *mm/dd/yyyy* _____

Signature (joint accounts require the signatures of both account owners) _____ Date *mm/dd/yyyy* _____



Mailing Address:*

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



Phone Number:

(800)-326-2151



Website:

www.peartreefunds.com