



# 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 Polaris International Opportunities Fund \$ \_\_\_\_\_
- 6. Pear Tree Essex Environmental Opportunities Fund \$ \_\_\_\_\_
- 7. Other Pear Tree 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 name(s) of the bank account owners.**

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## 3 SIGNATURES

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**Signature** *(joint accounts require the signatures of both account owners)*

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**Date** *mm/dd/yyyy*

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**Signature** *(joint accounts require the signatures of both account owners)*

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**Date** *mm/dd/yyyy*

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**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](http://www.peartreefunds.com)