



# Dividend/Capital Gains 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 FUND OPTIONS

Please change my current dividend and/or capital gains options to the following:

All Funds	<u>Fund Options</u>	<u>Dividends</u>	<u>Capital Gains</u>
		<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
	OR		
1. Pear Tree Quality Fund		<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
2. Pear Tree Polaris Small Cap Fund		<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
3. Pear Tree Polaris Foreign Value Fund		<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
4. Pear Tree Polaris Foreign Value Small Cap Fund		<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
5. Pear Tree Axiom Emerging Markets World Equity Fund		<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
6. Pear Tree Polaris International Opportunities Fund		<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest

## 3 DELIVERY INSTRUCTIONS (Check only one option)

- A. Mail the check** to the address on record.
- B. ACH (Automatic Clearing House):** Transfer pursuant to the banking instructions on record. If you are establishing or changing your banking instructions, **please enclose a blank, voided check.**
- C. Other:** \_\_\_\_\_ *Please provide signature guarantee.*

## 4 SIGNATURES

All other mail shall continue to be sent to the address of record on my account.


This payment order shall remain in effect until Pear Tree Funds receive satisfactory written notice and shall not be revocable whether by death of the undersigned or otherwise.

The undersigned agree(s) to indemnify and hold Pear Tree Funds harmless for any loss suffered or liability incurred by actions hereunder prior to your receipt of any such written notice of revocation.

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