



Name first, middle, last						
Last Four Digits SSN or Tax ID #		Date of Birth mm/dd/yyyy		Email Address		
Daytime Phone (area code, nu	ımber, extension)					
Residential Address (may not be a P.O. box, APO or FPO address)			City		State	Zip Code
HANGE CHOICE						
would like to reallocate b	etween the Funds ir	ndicated below:	: (Exchanges betv	ween different sha	are classes are no	ot allowed)
Pear Tree Funds Account #			Pear Tree Fund Name			
Amount Reallocated (check one)	All					
	Amount (specify h	Amount (specify how much)		Shares	OR \$	
Exchange to: (check all the	at apply)		<u>Sh</u>	<u>nares</u>	<u>Dollar</u>	<u>Amount</u>
Pear Tree Quality Fund				:	\$	
Pear Tree Polaris Small Cap Fund					\$	
Pear Tree Polaris Foreign Value Fund				\$		
Pear Tree Polaris Fore	eign Value Small Cap	Fund			\$	
Pear Tree Polaris International Opportunities Fund				\$		
Pear Tree Essex Environmental Opportunities Fund					\$	
					·	
Other Pear Tree Fund:	:		_	<u> </u>	\$	
			_			

## **3** AUTHORIZATION AND SIGNATURES

By signing this form, I acknowledge receiving and reading the current prospectus for each Fund that I have designated for investment.

Sharehold	er/Preparer's Signature (joi	Date mm/dd/yyyy							
Signature (	of joint account owner (if a	Date mm/dd/yyyy							
Authorizat	tion Type:								
	Telephone (1)	Mail	In Person	Representative					
	(1) Only if telephone ex	change has b	een authorized on	the shareholder's account					
Account Ty	/pe:								
	Regular	IRA	Pension/Profi	Pension/Profit Sharing					



## 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

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