



1 REGISTRATION INFORMATION Must be exactly as account is presently registered.

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

Name of Joint Registrant (if any) first, middle, last

2 ADD SYSTEMATIC WITHDRAWAL TO AN EXISTING ACCOUNT Fund Name and Amount:

- 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 OF ALL AMOUNTS LISTED: \$ Must total a minimum of \$100.

3 SYSTEMATIC WITHDRAWAL PAYMENT INSTRUCTIONS Check one box only.

A. Mail the check to the shareholder(s) named in Section 1 above.

B. Make payments to the order of: Name (if bank or insurance company, indicate account number)

Street Address no P.O. boxes, APO and FPO addresses are acceptable City State Zip Code

C. ACH (Automatic Clearing House): Transfer pursuant to the banking instructions on record.

If you are establishing or changing your banking instructions, 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.

If you are establishing or changing your banking instructions, 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.

Checks to be sent: Monthly **OR** Quarterly (January, April, July, October)

Payments are to begin at the next payment period, unless a later date is indicated:

Month

Year

Liquidations will be made on or about the 3rd of the Month.

4 SIGNATURES

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

Date mm/dd/yyyy

Signature of joint account owner (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