



Systematic Withdrawal Plan

for non-retirement accounts only

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

Name *first, middle, last* _____ Account Number(s) _____

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

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

Phone Number:
 (800)-326-2151

Website:
 www.peartreefunds.com

*For both standard and overnight Shipping