

Regular mail:

Impax Funds P.O. Box 534463 Pittsburgh, PA 15253-4463

Overnight mail:

Impax Funds Attention: 534463 500 Ross Street, 154-0520 Pittsburgh, PA 15262 Telephone: 1 (800) 372 7827

Gift of Shares Form — Donor

Use this form to make a gift of shares as a transfer in-kind to an individual or a non-profit organization. Gifting of shares does not result in a sale of securities and the donor does not incur a taxable event – this will not be reported on the Donor's IRS 1099-DIV/B Form. Please consult with your tax advisor if you have any questions regarding the gifting of shares.

This form is not to be used for qualified charitable distributions from Individual Retirement Accounts (IRAs).

To the Donor: Please complete **Sections 1 through 4** then forward the original form and additional pages, (if any) along with the Impax Funds Prospectus and New Account Application to the recipient for completion.

Once completed, please forward to the Recipient for acceptance, and instructions on disposition of shares.

1. Account Information						
Account Number						
Account Owner's Name (or Trustee, C	ustodian, etc.)					
Joint Account Owner's Name (or Tru	ustee, Custodian, etc.)					
Mailing Address		City		State		Zip Code
Day Telephone Evening Tele		none Cell Tel		Cell Telephone	Telephone	
Email Address						
Check here if contact information 2. Gifted Amount — the Share						n file.
Date of gift (mm/dd/yyyy) Full Account						
Partial Account - List Fund(s) ar	nd amount(s) below:					
		Amount		# of Shares		Percent
Fund:		\$	OR	%	OR	%
Fund:		\$	OR	%	OR	%
Fund:		\$	OR	%	OR	%
Fund:		\$	OR	%	OR	%
Fund:		\$	OR	%	OR	%

Gift of Shares Form — Donor Page 1 of 2



3. Recipient of Gifted Shares

Please indicate to whom the shares should be transferred. Be sure to check with the person(s) or organization to whom you are giving the shares to ensure that the name and address are correct; (i.e. should the shares be registered in the name of the organization, an endowment trust, special campaign, etc.?)

Recipient's Name (Ind	dividual or Joint Owners, Tru	ust, Charitable O	Organization, etc.)			
Street Address (PO Bo	x not permitted, except AP	O or FPO)	City	Sta	ate	Zip Code
Mailing Address (if diff	ferent from above)		City	Sta	ate	Zip Code
4. Donor Authoriz	ation and Medallio	n Signature	e Guarantee			
The account owner(s) officer or broker.) If the also include a copy of	e account is a trust, cus	stodial, or cor				
	company, securities by the Securities Transfelion Program (known a SP). A notarization from the above the complete forms.	roker/dealer, or Agents Assons STAMP), Stone a notary pure account as account as account as account owne	clearing agency o ociation. The thre ock Exchanges Me blic is NOT an access directed. This transfer, please indicate	r savings asso e recognized edallion Progr ceptable subst ansfer is to oc the capacity i	ociation that pa medallion prog am (SEMP), an citute for a sign cur immediate n which you ar	articipates in a medallion grams are the Securities d the Medallion nature guarantee. Iy upon receipt of the e acting by checking
Administrator	Custodian	Survivin	ng Joint Owner	Agent (under POA	
Executor	Trustee	Conserv	vator/Guardian	Other (please specify)	
Signature of Account	Owner				Date	
Signature of Account	Owner				Date	
Medallion Signature	Guarantee		Medallion	Signature Gu	arantee	



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Gift of Shares Form — Recipient

To the Recipient: You are being given shares in an Impax Fund as indicated on pages 1 and 2 of this form as a transfer in-kind. Please complete **Sections 1 through 4** of the Recipient form and mail both Donor and Recipient Gift of Shares forms, with any additional forms as noted below. Please consult your tax advisor with any tax questions resulting from this transfer. Please call Investor Services at 1(800) 372-7827 if you have questions about the Fund or did not receive a copy of the latest prospectus.

Please complete and then forward to Impax Funds with the Donor form, see address above.

If you are redeeming all shares immediately, a new Mutual Fund Account Application is not required.

Fields noted with an asterisk (*) are required.

1. Recipient Information						
Recipient's Name (Individual, Trust, Charitable Organization, etc.)			Social Security/Tax ID No.*			
Recipient's Name (Joint Owner, Trustee, Custodian, etc.)			Social Security/Tax ID No.*			
Street Address		City	State	Zip Code		
Mailing Address (if different from above)		City	State	Zip Code		
Day Telephone	Day Telephone Evening Telephone		Cell Telephone			
Email Address						
Note: If the receiving account registration is significantly different from the name provided in Section 3 of the Donor's Form, the form must be returned to the Donor for approval.						
2. Disposition of New Shares						
The gifted shares will be transferred in-kind to be deposited for holding in an account and/or redeemed as you direct below. Complete Sections A and/or B .						
A. Deposit Instructions The shares to be held in an account as indicated below. If you will hold any of these shares in an account with Impax, please indicate below.						
Existing Account — I (We) have an account with Impax, registered as indicated above. Account #:						
New Account — I (We) are opening a new account with Impax Funds and have included a new Mutual Fund Account Application and any additional supporting documents requested.						

Gift of Shares Form — Recipient (continued)



Y	edemption Instruction may redeem all edemption.	ctions or a portion of the sha	ares at the time they ar	e gifted. In	dicate be	elow if this will b	e a full	or partial account
	Full Redemption	on — (You do not need	to complete Part A of	this section	1.)			
	Partial Account	•	·		,			
	Partial Acc	ount Redemption of \$		(or)	% dis	stributed propor	rtionally	across all funds.
	Distribute a	as indicated below:	,					
					A	Amount		Percent
	Fund:				\$		OR	%
	Fund:				\$		OR	%
	Fund:			\$		OR	%	
			Tota	al Amount:	\$			100 %
	•	od for Redeemed Sh		ack to the	Pacinian	at at the address	provid	lad in Section 1
тар	bayment method is	s not selected, the proc	eeds will be sent by cr	ieck to the	Recipier	it at the address	s provid	led in Section 1 .
	Mail a check payab	ole to recipient as noted	d in Section 1 .					
 !	mpax Funds acco Medallion Signatur	transfer to the bank ac unt registered to the Re e Guarantee (see Secti d in conjunction with el	ecipient, the Recipiento on 4). For new instruc	<u>(s)'s signat</u> tions, pleas	ure(s) on se attach	this form must a voided, unsig	be gua ned che	ranteed with a eck for the bank
	Bank Name Name(s) on Bank Account							
	Bank Routing/AB	A Number	Bank Account Numb	er		This is a: Checking	S	avings Account
	Note: Bank account re and the bank account	gistration must match recipi registration.	ient name. For individuals, o	one common	name mus	t appear on both th	ne Recipi	ent Information above
4.	Authorization a	and Medallion Signa	ature Guarantee					
If you	u are providing ba	nking information for the name of the name	he account and have no					
		ne shares are being tran owner(s) accept the sh						
is a t corp	rust, custodial, or	g here, the owners of the corporate account, plea certain Delivery Instruct	ase sign in your capaci	ty. If a corp	orate ac	count, also inclu	ıde a co	opy of your
		cting on behalf of the a slow. If the correct box						ng by checking
	Administrator	Custodian	Surviving Joint O	wner [Agen	t under POA		
	Executor	Trustee	Conservator/Gua	rdian	Othe	r (please specify)		



Taxpayer Identification Number Certification

As Required by Federal law, I/we certify under penalties of perjury that:

1.	The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and					
2.	I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Check this box if you ARE subject to backup withholding); and					
3.	I am a U.S. citizen or other U.S. person (defined in the instru	uctions); and				
4.	The FATCA code(s) entered on this form (if any) indicating	that I am exempt from FATCA	reporting is correct:			
	structions for IRS Form W-9 will be provided upon request. The ovision of this document other than the certifications required		es not require your consent to any			
S	ignature		Date			
S	ignature		Date			
ag As ST	edallion Signature Guarantee: An eligible guarantor is a dome ency or savings association that participates in a medallion pr sociation. The three recognized medallion programs are the SAMP), Stock Exchanges Medallion Program (SEMP), and the Matary public is NOT an acceptable substitute for a signature gu	rogram recognized by the Secu recurities Transfer Agents Meda Medallion Signature Program (M	rities Transfer Agents Illion Program (known as			
N	ledallion Signature Guarantee (if required)	Medallion Signature Guarant	ee (if required)			