

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

Shareholder Mailing Form

Select all options you wish to update below:										
To change your address, co	mplete Sec	tion A , check the	box to indicate it is new i	nformati	on, then sign in S	ection D.				
Update your E-Delivery opt	tions. Comp	lete Sections A, E	B and D .							
Add a recipient to receive copies of your quarterly statement and/or transaction confirmations. Complete Sections A , C and D .										
A. Current Account Inform	mation									
Account Number										
Account Owner's Name (or Tru			Social Security/Tax ID No.							
Joint Account Owner's Name				Social Security/Tax ID No.						
Mailing Address			City	City		Zip Code				
Day Telephone Evening Tele		Evening Telepho	one Cell Tel		ephone					
Email Address										
Check here if contact inform	mation abov	e is new. The new	v information will replace	the infor	mation currently	on file.				
B. Consent for E-Delivery	1									
If you elect E-Delivery, you will document is available for viewin accounts listed in Section A . You may view, change or revoken	ng at <u>www.i</u> e your E-De	mpaxam.com. Ele	ections made on this form s and the email address w	will replace will replace will replace with the will replace with the will replace with the will replace will replace will replace will replace will replace will replace with the wi	n file for you at a	options for all				
logging into our online account or requested from you via emai Document Types for E-Delivery	l.	:em at <u>www.impa:</u>	<u>xam.com</u> . Confidential acc	count inf	ormation will not	be sent to you				
Document Types for E-Denvery	,									
Prospectus	Annual Report Semi-Annual Report Transaction Co		Confirmations							
Quarterly Statements	Tax Fc	orms	Proxy Materials							

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Shareholder Mailing Form (continued)



C. Duplicate Statements

Please note that anyone added to your account to receive documents will also be authorized to receive information about your account by telephone. They will not be authorized to make changes or place trades on your account. Indicate the documents to be delivered to the interested party.

be delivered to the interested party.	zed to make chan	ges of place trades on your ac	ecuric. marcute tr	ic documents to
Check one or both:				
Quarterly Statements Transacti	on Confirmations			
Mail statements to:				
Name (or Trustee, Custodian, etc.) Company (if any		Contact Phone		
Mailing Address		City	State	Zip Code
D. Please Sign Here				
All registered owners or authorized signers muindividual or trustee, please include this capac			ıch as custodian,	responsible
Signature of Account Owner or Authorized Ir	Date			
Signature of Joint Account Owner (if applicable	Date			