

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
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New Account Application

Class A Shares

Do not use this application to open an IRA or other retirement account.

Important Information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. Your account may be restricted and/or closed if we cannot verify your information. We will not be responsible for any losses or damages resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account.

Inactive Account Notice: You should be aware that if no activity occurs in your account within the time period specified by applicable state law, your account may be closed and the proceeds transferred to the appropriate state.

Fields noted with an asterisk (*) are required to establish your account.

1. Type of Account

Please complete the relevant sections below, as indicated:

Individual	complete A	Trust	complete D and F
Joint Tenants	complete A and B	Corporation or Other Entity	complete E and F (and attach Certification Regarding Beneficial Owners of Legal Entity Customers)
Gift/Transfer to Minor	complete C		

A. Individual Account/Joint Account Primary Owner

Name		
Social Security/Tax ID No.*	Birthdate (mm/dd/yyyy)*	Citizen of <input type="checkbox"/> U.S. <input type="checkbox"/> Other: ¹ (specify)

B. Joint Account Secondary Owner (Joint Tenants will have rights of survivorship unless otherwise specified)

Name		
Social Security/Tax ID No.*	Birthdate (mm/dd/yyyy)*	Citizen of <input type="checkbox"/> U.S. <input type="checkbox"/> Other: ¹ (specify)

¹ For any non-U.S. government ID, attach copy of ID document & indicate ID type, country of issuance & country of birth:

Primary Owner:	Secondary Owner:
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C. Gift/Transfer to Minor Account

Custodian Name (only one permitted)	Birthdate (mm/dd/yyyy)*	Social Security/Tax ID No*
As Custodian, under the: _____ (state) Uniform Gifts/Transfer to Minors Act, for:		
Minor Name (only one permitted)	Birthdate (mm/dd/yyyy)*	Social Security/Tax ID No*

New Account Application (continued)
Class A Shares



D. Trust Account (Please provide a copy of the first page and signature page of the trust agreement, along with the page(s) that name the trustees)

Name of Trust		Date of Trust (mm/dd/yyyy)*
Name of Trustee	Name of Second Trustee (if any)	Trust Tax ID No*

E. Corporation/Other Entity Account (Please indicate your corporate tax status)

Please indicate your corporate tax status:

C Corporation
 S Corporation
 Partnership
 State or Government Agency
 Other (Type of Business or Entity) _____

Please provide certified copy of organizational documents, such as Corporate Resolution or Partnership Agreement, and **Certification Regarding Beneficial Owners of Legal Entity Customers** (if applicable).

Name of Corporation or Other Entity	Tax ID No.*
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For Non-U.S. Entities: Is your company any of the following: A bank organized and located outside the United States; a foreign office, agent or branch of a U.S. covered financial institution²; money transmitter; currency dealer or exchanger; or a company that if located in the U.S. would be required to register as a mutual fund, securities broker-dealer or a futures commission merchant?

Yes
 No
 If yes, please provide business classification: _____

2 A "U.S. covered financial institution" is generally any of the following: A bank; a credit union; a savings association; a corporation acting under section 25A of the Federal Reserve Act; a trust bank or company; a securities broker-dealer; a futures commission merchant; an introducing broker; or a mutual fund.

F. Authorized Persons (Required for Trust, Corporation/Other Entity accounts; please provide the following information for each individual authorized to trade on the account)

Individual 1 Name		Title (i.e. president, treasurer, trustee)	
Street Address (PO Box not permitted, except APO or FPO)*	City	State	Zip Code
Social Security/Tax ID No.*	Birthdate (mm/dd/yyyy)*	Citizen of <input type="checkbox"/> U.S. <input type="checkbox"/> Other ¹ (specify)	
Individual 2 Name		Title (i.e. president, treasurer, trustee)	
Street Address (PO Box not permitted, except APO or FPO)*	City	State	Zip Code
Social Security/Tax ID No.*	Birthdate (mm/dd/yyyy)*	Citizen of <input type="checkbox"/> U.S. <input type="checkbox"/> Other ¹ (specify)	

¹ For any non-U.S. government ID, attach copy of ID document & indicate ID type, country of issuance & country of birth:

Individual 1:	Individual 2:
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Check here if extra pages are attached for additional Authorized Persons

2. Address of Record

Street Address (PO Box not permitted, except APO or FPO)*	City	State	Zip Code
Joint Account Owner's Street Address (if different)	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code

Day Telephone	Cell Telephone	Evening Telephone
Email Address		

3. Purchase at NAV

NAV Employee Exemption — I am an employee of a dealer or registered investment adviser authorized to sell the Funds, or other qualified individual as defined in the Sales Charges section of the statement of additional information, or a spouse, domestic partner, parent or minor child of any of the above.

Employer name

NAV for WRAP program or RIA (Registered Investment Advisor)

4. Financial Advisor Information (required)

To be completed by your financial professional

Advisor information is required unless you indicated the Employee Exemption above.

By designating a broker/dealer, I/we hereby authorize the Fund and its transfer agent to accept instructions from, and transmit information to, such designee concerning my/our account(s).

RIA check here

RIAs and other financial advisors without selling agreements with Impax will receive duplicate statements only and will not be authorized to provide instructions for transactions or account changes.

Firm name	Dealer Number	Branch Number	Rep. Number
Branch Address	City	State	Zip Code
Representative's Name	Contact Telephone		
Representative's Signature	Email Address		

5. Your Initial Investment

Minimum investment: \$1,000 per fund

I have enclosed a check made payable to Impax Funds in the amount of \$

Please select your preferred treatment for any distributions. If no selection is made, Dividends & Capital Gains will be reinvested.

	Class A	Amount to be invested	Dividend		Capital Gains	
			Cash ³	Reinvest	Cash ³	Reinvest
	Fund Number	Minimum \$1,000 per fund				
Impax US Sustainable Economy Fund	<input type="checkbox"/> 3092	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impax Small Cap Fund	<input type="checkbox"/> 3098	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impax Global Environmental Markets Fund	<input type="checkbox"/> 3099	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impax High Yield Bond Fund	<input type="checkbox"/> 3094	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

³ Check here, and complete **Section 8B** to have your cash dividends and/or capital gains electronically transmitted to your bank account.

6. Cost Basis Method

Your cost basis election will be used to calculate the gain or loss on sales of mutual funds shares, for eligible accounts, acquired after January 1, 2012. Your election will apply to all funds you are opening. To choose a different method for each fund, please attach a letter of instruction signed by all account owners.

If you do not elect a cost basis method the Fund Default of **Average Cost** will apply.

<input type="checkbox"/> Average Cost	<input type="checkbox"/> First In, First Out (FIFO)	<input type="checkbox"/> Last In, First Out (LIFO)
<input type="checkbox"/> Highest Cost, First Out (HIFO)	<input type="checkbox"/> Highest Cost Long Term In, First Out (HILT)	<input type="checkbox"/> Highest Cost Short Term In, First Out (HIST)
<input type="checkbox"/> Lowest Cost In, First Out (LOFO)	<input type="checkbox"/> Lowest Cost Long Term In, First Out (LILT)	<input type="checkbox"/> Lowest Cost Short Term In, First Out (LIST)
<input type="checkbox"/> Specific Lot Depletion Method (SLDM)		

Please visit www.impaxam.com/costbasis for more information regarding cost basis.

7. Reduced Sales Charges

Right of Accumulation — (You can add the amount of this purchase of Class A shares of one or more of the Funds to the value of your existing accounts, including accounts owned by your spouse, domestic partner and minor children, to obtain a breakpoint discount.)

I apply for Rights of Accumulation, subject to confirmation of the following holdings of Class A, Investor or Institutional shares.

List account numbers to be linked for the reduced sales charge. If additional accounts are included, attach and sign a separate sheet.

Fund Name	Account Number	Account Owner	Social Security Number
Fund Name	Account Number	Account Owner	Social Security Number
Fund Name	Account Number	Account Owner	Social Security Number

Statement of Intention — (You agree to make purchases of Class A shares in a specified amount within a period of 13 months. For each purchase you make under the statement of intention, you will pay the initial sales charge applicable to the total amount you have agreed to purchase.)

I agree to the Statement of Intention provisions of the prospectus. While I am not obligated, over 13 months beginning with the date of this purchase, I intend to invest an aggregate amount in the Impax Funds at least equal to (check appropriate box):

\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

If I do not purchase the full amount of shares indicated within 13 months, the applicable Fund or Funds can redeem shares from my account(s) to satisfy the difference in the sales charge that I would have paid in the absence of the statement of intention.

Please refer to the prospectus for more detailed information on these and other ways to qualify for reduced or waived sales charges.

8. Select Your Account Options

A. Please select the options you wish to add to your account:

Telephone/Online Exchange, Purchase and Redemption

Your account will automatically be coded with Telephone/Online Purchase, Telephone/Online Exchange and Telephone/Online Redemption Privileges. If you do not provide banking information in **Section B**, Telephone/Online Redemptions will be mailed via check to your address of record.

Please review the rules set forth in the prospectus regarding Telephone and Online transactions. Neither Impax nor its transfer agent will be liable for any loss, liability, cost or expense for acting upon requests reasonably believed to be genuine. We reserve the right to modify, limit the use of, or terminate these privileges at any time.

Automatic Investment (Section B is required for this option) — allows you to invest automatically each month or quarter by electronically debiting your checking or savings account. Funds are transferred via the Automated Clearing House (ACH) system, and the plan may take up to 10 days to become effective.

Please invest \$ (minimum \$50 per fund/account position) each month or quarter,

beginning on month day

If no day or frequency is selected, investments will be made into the selected fund(s) on the 20th day of each month.

If the selected date falls on a weekend or holiday, your Automatic Investment will take place on the next available business day. You will receive quarterly confirmations of these transactions.

Please automatically purchase into the following Fund(s)	Dollar Amount to be invested (min. \$50)		Percentage to be invested
Fund:	\$	OR	%
Fund:	\$	OR	%
Fund:	\$	OR	%

I hereby authorize the Fund and its transfer agent to honor instructions processed under the above-selected account options to purchase/exchange/redeem shares when directed and as specified, by transmitting the proceeds, as applicable, to me at my address of record or by debiting/crediting my preauthorized bank account. I hereby ratify any such instructions and agree to indemnify the Fund and its transfer agent from any loss, liability, cost, damage and expense for acting upon such instructions.

B. Please provide your bank account information:

Please attach a voided, unsigned check for the bank account to be used in conjunction with electronic transactions for on request purchases and/or redemptions including Telephone/Online requests, submitted forms, and letters of instruction. If you are unable to provide a voided check, attach a copy of your bank statement, or a letter on bank stationery with your account registration, account number and bank routing number. The letter must be signed by a bank official.

Bank Name	Name(s) on Bank Account	
Bank Routing/ABA Number	Bank Account Number	This is a: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account

Note: one common name must appear on both your Impax account registration and the bank account registration.

Use this information for: <input type="checkbox"/> Automated Clearing House (ACH) <input type="checkbox"/> Federal Wire (\$10 fee for Wire Redemptions) If neither option is checked, Impax will use the default of Automated Clearing House.
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You are hereby authorized to pay and charge to my account debits drawn on my account by and payable to the order of Impax Funds. This authority is to remain in effect until revoked by me in writing and, until you receive such notice, I agree you shall be fully protected in honoring any such check. I further agree that if any such check is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever. This option, if exercised, shall become part of the account application and the terms, representations and conditions thereof.

9. Consent for E-Delivery

If you elect E-Delivery, you will receive a notification to the email address provided in **Section 2** informing you when a document is available for viewing at www.impaxam.com.

You may view, change or revoke your E-Delivery preferences and the email address we have on file for you at any time by logging into our online account access system at www.impaxam.com. Confidential account information will not be sent to you or requested from you via email.

Document Types for E-Delivery

<input type="checkbox"/> Prospectus	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Semi-Annual Report	<input type="checkbox"/> Transaction Confirmations
<input type="checkbox"/> Quarterly Statements	<input type="checkbox"/> Tax Forms	<input type="checkbox"/> Proxy Materials	

10. Your Signature

All registered account owners or legal representatives must sign this section before the Fund can open your account. The undersigned warrant(s) that the undersigned has (have) full authority and is (are) of legal age to purchase shares of the Fund and has (have) received and read a current prospectus of the Fund and agree(s) to its terms. The Fund and its transfer agent shall not be liable for acting upon instructions or inquiries believed to be genuine.

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 instructions); and**
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct:**

Instructions for IRS Form W-9 will be provided upon request. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Date
Signature	Date