

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 Service Form

Use this form to:

- Provide banking information for the electronic transfer of funds between your Impax account(s) and your checking or savings account (**Section B**);
- Establish an Automatic Investment Plan for your Impax account (**Section C**);
- Update your Cost Basis Method (**Section D**);
- Update your Distribution options for dividends and capital gains (**Section E** and **B**, if applicable);
- Update your address (**Section A**).

A. Please Tell Us about your Existing Account(s)

Account Number(s)			
Account Owner's Name (or Trustee, Custodian, etc.)		Social Security/Tax ID No.	Birthdate (mm/dd/yyyy)
Joint Account Owner's Name (or Trustee, Custodian, etc.)		Social Security/Tax ID No.	Birthdate (mm/dd/yyyy)
Mailing Address		City	State
Day Telephone	Evening Telephone	Cell Telephone	
Email Address			

Check here if contact information above is new. The new information will replace the information currently on file.

B. Bank Account Information for On Request Purchase and Redemption

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 see **Section F**.

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) <i>If neither option is checked, Impax will use the default of Automated Clearing House.</i>

C. Automatic Investment Plan

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.

IRA accounts: Contributions made via Automatic Investment Plan will be considered current year contributions.

SEP IRA accounts: Please indicate the contribution type: Employer Personal IRA (If undesignated, contribution will be considered current year employer)

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.

	Account Number	Dollar Amount (minimum \$50.00)		Percentage
Fund Name		\$	OR	%
Fund Name		\$	OR	%
Fund Name		\$	OR	%

Bank Account Information:

Any existing bank information for Automatic Investment will be removed from your account and replaced with the following New Bank Information.

Use Bank Account Information provided in **Section B, OR:**

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.

Please attach a voided, unsigned check for the bank account to be used in conjunction with electronic (ACH) transactions. If you are unable to provide a voided check see **Section F**.

D. 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.

<input type="checkbox"/> Average Cost (Default Method)	<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.

E. Distribution Options

Dividends: Cash* Reinvest

Capital Gains: Cash* Reinvest

* Check here to have your cash dividends and/or capital gains electronically transmitted to your bank account. If you do not have bank account information on your account, complete **Section B**.

F. Please Sign Here. All Registered Owners Must Sign Below.

If you are adding banking information to your account(s) and have not included 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.

I have reviewed the rules set forth in the prospectus regarding telephone/online transactions, and certain circumstances which may require redemptions to be requested in writing, including significant restrictions which apply to IRA redemptions. I understand that the telephone/online transaction privileges will apply to my account. If I do not provide banking information, telephone/online purchase will not be available and telephone/online redemptions will be mailed via check to my address of record.

I certify that all information I have provided on the Shareholder Services Form is accurate and understand that I am responsible for any tax consequences which may result from the election(s) I have made.

I agree that neither Impax Funds, nor their transfer agent, their agents, officers, trustees, directors or employees will be liable for any loss, liability or expense for acting, or refusing to act on instructions given under the telephone/online transaction privileges that are reasonably believed to be genuine and I accept the risk of loss.

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.

Signature of Account Owner	Date
Signature of Joint Account Owner	Date