

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

Disclaimer and Affidavit for Designated Beneficiary Form

Use this form to inform Impax Funds of your intention to not claim the portion of the deceased IRA owner's account you are designated a beneficiary of.

Impax requires a beneficiary to obtain a Medallion Signature Guarantee (MSG) stamp when using this form.

Important Note: If you wish to disclaim assets that are due to you, you must do so within 9 months of the deceased account owner's date of death. If you are under 21 years of age on the deceased account's date of death, you must do so within 9 months of the date you reach age 21.

If you have any questions as you are completing this form, please contact our Investor Service Center at 1 (800) 372-7827.

| 1. Account Information | | | | | |
|--|----------|----------------------------|----------------------------|----------|--|
| Deceased Account Owner Information | | | | | |
| Account Owner's Name | | Social Security/Tax ID No. | | | |
| Address (PO Box not permitted, except APO or FPO) | City | | State | Zip Code | |
| irthdate (mm/dd/yyyy) | | ate of Death (mm/dd/yyyy) | | | |
| Type of Account IRA SEP-IRA Simple IRA Roth IRA Account Number: # | | | | | |
| Death Certificate (Required): Enclosed Already Provided (Correspondence REF#, if applicable): | | | | | |
| 2. Beneficiary Information | | | | | |
| Name | <u> </u> | | Social Security/Tax ID No. | | |
| Address (PO Box not permitted, except APO or FPO) | City | | State | Zip Code | |
| Mailing Address (if different than above) | City | | State | Zip Code | |
| 7 Contification and Signature | | | | | |
| 3. Certification and Signature I believe I am a/the designated beneficiary of the above r disclaim, renounce, and refuse to accept and waive all right. | | | | | |
| All assets due to me or A portion of the assets due to me. I disclaim shares due to me (cannot be stated as a dollar value) |). | shares | (or) | % of | |

Disclaimer and Affidavit for Designated Beneficiary Form (continued)



I understand that, as a consequence of the foregoing disclaimer statement, the proceeds of this account will be distributed in accordance with the Custodial Account Agreement and any alternate beneficiary designation of record made by the accountholder, or otherwise in accordance with applicable law, as if I had predeceased the accountholder.

I hereby certify that this disclaimer is unconditionally valid and effective under all laws based on jurisdiction of domicile applicable to the accountholder and all such laws, if any, applicable to me. I further specifically certify that this disclaimer satisfies, and I have satisfied, all other requirements of federal, state and local law, regulation, court order, and legal process applicable to this disclaimer or to disclaimers of interests in property generally including without limitation, to the extent applicable, Section 2518 of the Internal Revenue Code, qualification, competency, timeliness, content, and notice requirements.

Intending to be legally bound and in consideration of the foregoing request, I hereby agree, for myself, my successors, legal representatives, heirs, and assigns, to at all times indemnify and save harmless the above-named Mutual Fund(s), BNY Mellon Investment Servicing Trust Company, BNY Mellon Investment Servicing (US) Inc., and their successors, legal representatives, and assigns, and the affiliates, officers, directors, employees, and agents of any of them (collectively, the "Indemnified Parties"), from and against any and all claims, liabilities, damages, actions, charges, and expenses, including but not limited to attorney's fees and disbursements, sustained or incurred by any of the Indemnified Parties which result from or arise in connection with the reliance by an Indemnified Party on this document or an Indemnified Party acting in accordance with the contents of this document, including without limitation the distribution of the proceeds of the Account to a person or persons other than the undersigned. I hereby further certify and agree that I understand that none of the Indemnified Parties have offered me legal or tax advice with respect to this document and that this document may not be relied upon by me or the beneficiaries of the Account as tax or legal advice with respect to (1) ownership of the account or its proceeds and (2) any federal or state income, estate, gift, inheritance or excise tax or penalties thereon in any form whatsoever.

| Signature (Designated Beneficiary or Authorized Representative) | Date |
|--|-------------------------------|
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| Medallion Signature Guarantee: An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program | Medallion Signature Guarantee |
| (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature quarantee. | |