

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,	Custodian, etc.)					
Joint Account Owner's Name (or 1	rustee, Custodian, etc	.)				
Mailing Address		City		State	Z	Zip Code
Day Telephone	Telephone		Cell Telephone			
Email Address						
Check here if contact informat 2. Gifted Amount — the Sha						file.
Pate of gift (mm/dd/yyyy)						
Full Account						
Partial Account - List Fund(s)	and amount(s) be	low:				
		Amou	nt	# of Shares		Percent
Fund:		\$	OR		OR	%
Fund:		\$	OR		OR	%
Fund:		\$	OR		OR	%
Fund:		\$	OR		OR	%
Fund:		•	OB		OB	(

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, Trus	st, Charitable O	rganization, etc.)				
Street Address (PO Bo	ox not permitted, except APC	or FPO)	City	Sta	ate	Zip Code	
Mailing Address (if different from above)			City		ate	Zip Code	
4. Donor Authoriz	zation and Medallior	n Signature	Guarantee				
officer or broker.) If the	listed in Section 1 must e account is a trust, cust your corporate resolutio	odial, or corp					
domestic bank or trust program recognized b Transfer Agents Medal Signature Program (M: Please transfer the gift completed Donor and Important: If you are a	of the donor account mut company, securities brown the Securities Transfer lion Program (known as SP). A notarization from the above Recipient forms. Country on behalf of the acception of the correct box is a company to the correct box in the correct box is a company to the correct box in the correct box is a company to the correct box in the correct b	oker/dealer, control of Agents Associated STAMP), Stociated and another of Agents Associated Agents	clearing agency of ociation. The three ock Exchanges Me olic is NOT an according to the color of	r savings asso e recognized i edallion Progra ceptable subst ansfer is to oc the capacity ii	ciation that pa medallion prog am (SEMP), and citute for a sign cur immediatel n which you are	rticipates in a medallion trams are the Securities d the Medallion ature guarantee. Ly upon receipt of the e acting by checking	
Administrator	Administrator Custodian Surviving Joint Owner Agent under POA						
Executor Conservator/Guardian Other (ple				please specify)			
Signature of Account	: Owner				Date		
Signature of Account	Owner				Date		
M. J. III			Mandallan				
Medallion Signature	Guarantee		меданіоп	Signature Gua	arantee		



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 — 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 N	Social Security/Tax ID No.*		
Recipient's Name (Joint Owner, Trustee, Custodian, etc.)			Social Security/Tax ID N	Social Security/Tax ID No.*		
Street Address		City	State	Zip Code		
Mailing Address (if different from above)		City	State	Zip Code		
Day Telephone	Pay Telephone Evening Telephone		Cell 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	n.)			
Ē	Partial Account	•	·		•			
	Partial Acco	ount Redemption of \$		(or)	% dis	stributed propor	tionally	across all funds.
	Distribute a	as indicated below:						
					A	Amount		Percent
	Fund:				\$		OR	%
	Fund:				\$		OR	%
	Fund:	Fund:			\$	0	OR	%
			Tota	al Amount:	\$			100 %
	•	od for Redeemed Sh		neck to the	Recipier	at at the address	nrovid	ed in Section 1
_				ieck to the	Recipiei	it at the address	s provid	ed in Section 1 .
	Mail a check payab	ole to recipient as noted	d in Section 1 .					
	Impax Funds acco Medallion Signatur	transfer to the bank ac unt registered to the Re Ge Guarantee (see Secti d in conjunction with el	ecipient, the Recipient on 4). For new instruc	<u>(s)'s signat</u> tions, pleas	ure(s) on se attach	this form must a voided, unsig	<u>be gua</u> ned che	ranteed with a eck for the bank
Bank Name Name(s) on Bank Account								
,	Bank Routing/AB	3A Number	Bank Account Numb	er		This is a: Checking	Sa	avings Account
	Note: Bank account re	gistration must match recipi registration.	ient name. For individuals, o	one common	name mus	t appear on both th	ne Recipie	ent Information above
4.	Authorization a	and Medallion Signa	nture Guarantee					
If yo state	u are providing bai	nking information for the name of the name	he account and have n					
	ng below the new	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 cc	ppy of your
		cting on behalf of the a slow. If the correct box						ng by checking
	Administrator	Custodian	Surviving Joint C)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 instr	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	Signature		Date			
S	Signature		Date			
ag As ST no	edallion Signature Guarantee: An eligible guarantor is a dome gency or savings association that participates in a medallion prosociation. The three recognized medallion programs are the STAMP), Stock Exchanges Medallion Program (SEMP), and the Notary public is NOT an acceptable substitute for a signature guarantee (if required)	rogram recognized by the Secu securities Transfer Agents Meda Medallion Signature Program (M larantee.	rities Transfer Agents Illion Program (known as ISP). A notarization from a			
	dedallion Signature Guarantee (if required)	Medallion Signature Guarante	ee (ir requirea)			