

Redemption Form - Non-Retirement Accounts

Use this form to request a one-time redemption or set up a systematic withdrawal from your non-qualified Pax World account. This form should also be used to redeem shares from a deceased shareholder's non-retirement account and for beneficiaries to redeem shares from a Transfer on Death (TOD) account. To transfer proceeds to another Pax World account, please complete the Transfer of Shares Form.

1. ACCOUNT INFORMATION: (As name(s) appear on your account statement)

Account Number

Account Owner's Name		Social Security/Tax ID No.	Birthdate	
Joint Account Owner's Name		Social Security/Tax ID No.	Birthdate	
Mailing Address		City	State	Zip Code
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.

If the account owner is deceased, please provide the below information:

Account Owner's Date of Death

Payee's Name		Social Security/Tax ID No.		
Mailing Address		City	State	Zip Code
Day Telephone	Evening Telephone	Cell Telephone		
Email Address				

Note: If the account owner is deceased, please contact Investor Services for further document requirements if you have not already done so. In cases of death, an Inheritance Tax Waiver may also be required, depending on the decedent's state of residence. If there are multiple beneficiaries and one beneficiary is deceased, we require a letter of instruction that provides the date of the beneficiary's death and the letter must be signed by one of the surviving beneficiaries with a Medallion Signature Guarantee (MSG) Stamp or a Signature Validation Program (SVP) Stamp. We would also accept a certified copy of the death certificate for the deceased beneficiary.

2. REDEMPTION INSTRUCTIONS - COMPLETE SECTIONS A AND B

A. Choose One

Full Account Redemption

Partial Account Redemption of \$ _____ (or) _____ Shares

Systematic Withdrawal Plan - May take up to 10 calendar days to become effective.

Please withdraw \$ _____ on the _____ day monthly quarterly semi-annually or annually, beginning in the month of _____. If you do not select a date for Systematic Withdrawal, the 20th day of each month will be selected as the Withdrawal date. *If the selected date falls on a weekend or holiday, your Systematic Withdrawal will take place on the next available business day.*

B. Choose One:

Distribute proportionately across all funds, (or)

Distribute as indicated below:

Fund/Share Class: _____ Amount: \$ _____ or percent: _____ %

Fund/Share Class: _____ Amount: \$ _____ or percent: _____ %

Fund/Share Class: _____ Amount: \$ _____ or percent: _____ %

Total Amount: \$ _____ Total: 100%

Note: The percentage must equal 100%. If specific funds are chosen, but percentage is not provided, we will redeem equal portions from each fund listed.

3. COST BASIS ELECTION

Provide the cost basis method below if you would like the redemption to be processed using a different cost basis than what is recorded on your account. If the Specific Lot Depletion Method is chosen, please identify the share lots to be used for the transaction (not available for Systematic Withdrawal Plan).

Use the account's default method

or

Average Cost (Default)

First In, First Out (FIFO)

Last In, First Out (LIFO)

Highest Cost, First Out (HIFO)

Highest Cost Long Term In, First Out (HILT)

Highest Cost Short Term In, First Out (HIST)

Lowest Cost In, First Out (LOFO)

Lowest Cost Long Term In, First Out (LILT)

Lowest Cost Short Term In, First Out (LIST)

Specific Lot Depletion Method (SLDM)

For Specific Lot Depletion Method (SLDM), please use the selection below to redeem. The tax lot(s) you select must be sufficient for the redemption amount. If no lots are indicated, the redemption will be processed using the "First In, First Out" method:

Fund: _____ Date of Purchase _____ Amount: \$ _____ or # of Shares: _____

Fund: _____ Date of Purchase _____ Amount: \$ _____ or # of Shares: _____

Fund: _____ Date of Purchase _____ Amount: \$ _____ or # of Shares: _____

Attach extra sheet, if necessary, to list additional tax lots.

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

4. PAYMENT METHOD

Mail to my address currently on file.

(If your address has changed within the past 30 days, a Medallion Signature Guarantee is required (see below)).

Mail to an alternate address and/or make the check payable to a third party.

(Medallion Signature Guarantee is required (see below)).

Make check payable to: _____

Mail check to:

Mailing Address	City	State	Zip Code

Send to my bank account by electronic transfer. If these banking instructions are not currently on file for your Pax World account, your signature on this form must be guaranteed with a Medallion Signature Guarantee (see below). For new instructions 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 check see **Section 6**.

Bank Name	Name(s) on Bank Account	
Bank Routing/ABA Number	Bank Account Number	THIS IS A: Checking Savings Account

Note: One common name must appear on both your Pax World account registration and the bank account registration.

Note: If a payment method is not selected, your redemption will be issued as a check payable to you and mailed to your address of record.

5. AUTHORIZATION AND SIGNATURE GUARANTEE

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.

All account owner(s) listed above must authorize this redemption of shares by signing below and having their signature(s) guaranteed by eligible guarantor institution, if required. If the account is a trust, custodial, or corporate account, please sign in your capacity. If a corporate account, also include a copy of your corporate resolution.

Important: If you are acting on behalf of the account owner, please indicate the capacity in which you are acting by checking the appropriate box below. If the correct box is not listed, please check "Other" and specify your capacity.

Administrator	Custodian	Surviving Joint Owner	Agent under POA
Executor	Trustee	Conservator/Guardian	Other, please specify _____

I certify that I am authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Fund, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The Fund is hereby authorized and directed to distribute funds from my account in the manner requested. The Fund may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences that may arise from the election(s) and agree that the Fund and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

5. AUTHORIZATION AND SIGNATURE GUARANTEE (continued)

Taxpayer Identification Number Certification

As required by Federal law, I/we certify under penalties of perjury that:

- 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
- 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 have been notified by the IRS that backup withholding applies); and
- I am a U.S. citizen or other U.S. person (defined in the instructions); and
- 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.

Current Account Owner

Date

Current Account Owner

Date

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 (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

Medallion Signature Guarantee

Medallion Signature Guarantee