

## Shareholder Mailing Form

### Select all options you wish to update below:

To change your address, complete section A, check the box to indicate it is new information, then sign in section D.

Update your E-Delivery options. Complete sections A, B and D.

Add a recipient to receive copies of your quarterly statement and/or transaction confirmations. Complete sections A, C and D.

### A. CURRENT ACCOUNT INFORMATION

Account Number

Account Owner's First Name (or Trustee, Custodian, etc.)	Middle Initial	Last Name	Social Security/Tax ID No.		
Joint Owner's First Name (or Trustee, Custodian, etc.)	Middle Initial	Last Name	Social Security/Tax ID No.		
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.

### B. CONSENT FOR E-DELIVERY

If you elect E-Delivery, you will receive a notification to the email address provided in **Section A**, informing you when a document is available for viewing at [www.impaxam.com](http://www.impaxam.com). Elections made on this form will replace your current options for all accounts listed in section A.

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](http://www.impaxam.com). Confidential account information will not be sent to you or requested from you via email.

#### Document Types for E-Delivery:

Prospectus	Annual Report	Semi-Annual Report	
Quarterly Statements	Tax Forms	Proxy Materials	Transaction Confirmations

### C. DUPLICATE STATEMENT

Please note that anyone added to your account to receive documents will also be authorized to receive information about your account by telephone. They will not be authorized to make changes or place trades on your account. Indicate the documents to be delivered to the interested party. Check one or both.

Quarterly Statements      Transaction Confirmations

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## MAIL STATEMENTS TO:

Name (or Trustee, Custodian, etc.)	Company (if any)	Contact Phone		
Mailing Address	City	State	Zip Code	

## D. PLEASE SIGN HERE.

All registered owners or authorized signers must sign below. If you are an authorized signer, such as custodian, responsible individual or trustee, please include this capacity following your signature.

Signature of Account Owner or Authorized Individual	Date
Signature of Joint Account Owner (if applicable)	Date