

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 Name (or Trustee, Custodian, etc.)			Social Security/Tax ID No.
Joint Account Owner's Name (or Trustee, Custodian, etc.)			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. 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. Confidential account information will not be sent to you or requested from you via email.

Document Types for E-Delivery

<input type="checkbox"/> Prospectus	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Semi-Annual Report	<input type="checkbox"/> Transaction Confirmations
<input type="checkbox"/> Quarterly Statements	<input type="checkbox"/> Tax Forms	<input type="checkbox"/> Proxy Materials	

C. Duplicate Statements

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

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