

1. Participant Information

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

SIMPLE-IRA Withdrawal Authorization and Instructions For Distribution

Use this form to request a total or partial distribution from your Impax SIMPLE-IRA account. DO NOT use this form for age 72 Required Minimum Distributions (RMD), Revocations, Trustee to Trustee transfers, Qualified Charitable Distributions (QCD), recharacterization, or conversion requests.

For age 72 RMDs, please complete the Individual Retirement Account (IRA) Required Minimum Distribution Election Form. Trustee to Trustee transfers, please complete the appropriate receiving custodian's transfer form. For revocations, refer to the SIMPLE Individual Retirement Account (IRA) Disclosure Statement for instructions and information regarding your revocation rights.

All required documentation must be received in good order before the distribution request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Participant Authorization Section for an explanation of the Medallion Signature Guarantee.

Account Owner's Name			Social Security/Ta	Social Security/Tax ID No.	
Mailing Address	City	State	Zip Code		
Day Telephone Evening Telephone		hone	Cell Telephone		
Birthdate (mm/dd/yyyy) Email Address					
Account Number			SIMPLE-IRA - Year	SIMPLE-IRA - Year First Established	
Check here if contact information a				rently on file.	
Name			Social Security/Tax ID No.		
Mailing Address		City	State	Zip Code	
Birthdate (mm/dd/yyyy)	Contact Telephone				

Note: A distribution received before you attain age 59½ is considered a premature distribution and is subject to a 10% penalty tax unless an exception applies (see "Early Distributions from a SIMPLE IRA" in your SIMPLE IRA Disclosure Statement). If the premature distribution is made prior to satisfying the required two year holding period (2 years from the date on which you first participated in a SIMPLE IRA maintained by your employer) and no exception applies, then the penalty tax is increased to 25%.



2.	Re	ason for Distribution
The	dis	tribution is being made for the following reason (check one):
	1.	Normal distribution - You are age 59½ or older.
	2.	Early (premature) distribution - You are under age 59½, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons.
	3.	Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code. Complete Substantially Equal Periodic Payments in Sections 4A & 4B .
	4.	Death/Beneficiary liquidation - The Date of Death of the Owner of the account (mm/dd/yyyy) is required
		, contact Shareholder Services regarding additional document requirements.
	5.	Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.*
	6.	Transfer incident due to divorce or legal separation - Contact Investor Services regarding additional document requirements.
	7.	Removal of excess - You must complete Section 3 (Excess Contribution Election) in its entirety.
	8.	Qualified Reservist Distribution
	9.	Direct rollover to a Qualified Plan, 401(k), TSP or 403(b) - You are certifying that the receiving custodian will accept the IRA assets issued and that you have satisfied the required two-year holding period.

11. Qualified Birth or Adoption Distributions as defined in Section 72(t) of Internal Revenue Code.

Restriction On Indirect (60-Day) Rollovers

10. Qualified Hurricane Distribution

An IRA participant is allowed only one rollover across all IRAs (Traditional, Rollover, Roth, SEP and SIMPLE IRAs) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Agreements (IRAs) – "Application of one-rollover-peryear-limitation."

3. Excess Contribution Election

Instructions for the Participant: You must indicate how the return of excess should be distributed in **Section 4 - DISTRIBUTION AMOUNT (subsection B)**. A check for the proceeds will be mailed to your address of record unless the amounts are attributable to employer contributions that are being returned to the employer with your authorization. Amounts returned as excess contributions are not eligible for rollover.

Important: Please consult with your employer to discuss the appropriate steps to correct excess contributions. Amounts deferred to your SIMPLE IRA in excess of the allowable limit may be subject to a non-deductible excise tax of 6% for each year until the excess is removed. The 6% excise tax on excess contributions will not apply if the excess contribution and earnings allocable to it are distributed by April 15th of the year following the annual deferral.

Earnings on Salary Deferral and Employer Contributions — For the purpose of the excess contribution, we will calculate the net income attributable ("NIA") to the contribution using the method provided for in the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. This method calculates the NIA based on the actual earnings and losses of the SIMPLE IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution. The IRS may impose an early distribution penalty tax on the earnings if you are under age 59½. You must file IRS Form 5329 to report any excise tax.

For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.



Salary Deferral Correction			
Excess Salary Deferral: \$	Date Deposited:		
Salary Deferral excess is being corrected (select one):			
Within the same calendar year that the excess deferral of correction.	was deposited. Earnings (if any) will be calculated th	rough the date
Between January 1 and April 15th following the calenda be calculated based on the December 31st value for the		erral was deposited. Earnin	gs (if any) will
After April 15th following the calendar year in which the through the date of correction.	e excess deferral was depo	sited. Earnings (if any) wil	l be calculated
Employer Contribution Correction - (Employer signature r	required)		
Excess Salary Deferral: \$	Date Deposited:		
 Important: The participant must complete Section 4 - DIST Authorization section to facilitate this request. Please indic Earnings (if any) will be calculated through the date of c The check will be made payable to the company and management of the c	ate how we should distribu correction.	te the proceeds:	
Company Name		Contact Telephone	
Mailing Address	City	State	Zip Code
Employer's Signature (required)		Date	
Employer's Printed Name (required)			
4. Distribution Amount — Complete sections A a	and B		
I request that the proceeds from my custodial account be p	aid as follows: (Complete l	ooth A and B)	
A. Choose one:			
Liquidate Entire Account			
One-Time Partial Distribution of \$	OR	Shares	
Periodic Distribution - in the amount of \$			
Monthly Quarterly Semi-Annual	Annual		
Begin distribution on:	(mm/dd/yyyy)		
Substantially Equal Periodic Distribution ("SEPP" un	der Section 72(t) of the Int	ernal Revenue Code) -	
in the amount of \$ OF	8		



* Please complete details below:					
Beneficiary's Name			Birthdate (mm/do	l/yyyy)	
Distribute in a series of installments:					
Monthly Quarterly Sen	ni-Annual Annua	I			
Begin distribution on:	(mm/dd/yyy	y)			
Note: If no day is provided, we will process the dis distributions in December.	stribution on the 20th of the f	ollowing month	. If no frequency is pro	ovided, w	e will process an
Retirement Arrangements (IRAs). I understand monitoring if a modification of the SEPP under monitor the SEPP. I understand the custodian early distribution penalty and that I am expect penalty tax exception for this reason.	er Section 72(t) has occu does not report SEPP di	rred. Neither istributions o	the custodian nor In IRS Form 1099-P	the pla R as exe	n sponsor will mpt from the
Choose one: Distribute proportionally acro	oss all funds, OR 🔃 Dist		icated below:		Percentage
Fund:		\$	Amount	OR	Percentage
i diid.		Ψ			
Fund:		\$		OR	
Fund:		\$		OR OR	
	Total Amount s are chosen, but no percenta	\$	we will redeem equal	OR OR	100 from each fund li
Fund:	s are chosen, but no percenta be issued as a check payable t	\$ ge is provided,	ed to your address of I	OR OR portions	from each fund li
Payment Method If no instructions are selected, your distribution will be a mail to my address of record - (if you elected complete the receiving custodian below*) *Qualified Plan, 401(k), TSP or 403(b) Direction of the complete this option if you elected "Direction of the complete this option if you elected "Direction of the complete this option if you elected "Direction of the complete this option if you elected "Direction of the complete this option if you elected "Direction of the complete this option of the complete this option if you elected "Direction of the complete this option of the complete the complete this option if you elected "Direction of the complete this option of the complete the complete this option of the complete the complete this option of the complete the complete the complete this option if you elected "Direction of the complete the complete the complete the complete this option if you elected "Direction of the complete the co	s are chosen, but no percenta be issued as a check payable to d a Direct Rollover to a d t Rollover Deposit - Che irect rollover to a Qualif ding moving assets to ar	\$ ge is provided, to you and maile qualified plan ck will be ma	ed to your address of an or 403(b) in Sect ade payable to the 1(k), TSP, or 403(l	OR OR portions record. tion 2A receivi	from each fund li you must ng custodian. ection 3A . Do
Payment Method If the percentage must equal 100%. If specific funds Payment Method If no instructions are selected, your distribution will be the mail to my address of record - (if you elected complete the receiving custodian below*) *Qualified Plan, 401(k), TSP or 403(b) Directionally complete this option if you elected "Directional property of the property of the percentage of the	s are chosen, but no percenta be issued as a check payable to ad a Direct Rollover to a d t Rollover Deposit - Che irect rollover to a Qualif	\$ ge is provided, to you and mailed qualified planeteck will be marked.	ed to your address of a n or 403(b) in Sect ade payable to the 1(k), TSP, or 403(l	OR OR portions record. tion 2A receivi	you must ng custodian. ection 3A. Do
Payment Method If no instructions are selected, your distribution will be a mail to my address of record - (if you elected complete the receiving custodian below*) *Qualified Plan, 401(k), TSP or 403(b) Direction of the complete this option if you elected "Direction of the complete this option if you elected "Direction of the complete this option if you elected "Direction of the complete this option if you elected "Direction of the complete this option if you elected "Direction of the complete this option of the complete this option if you elected "Direction of the complete this option of the complete the complete this option if you elected "Direction of the complete this option of the complete the complete this option of the complete the complete this option of the complete the complete the complete this option if you elected "Direction of the complete the complete the complete the complete this option if you elected "Direction of the complete the co	s are chosen, but no percenta be issued as a check payable to d a Direct Rollover to a d t Rollover Deposit - Che irect rollover to a Qualif ding moving assets to ar	\$ ge is provided, to you and maile qualified plan ck will be ma	ed to your address of an or 403(b) in Sect ade payable to the 1(k), TSP, or 403(l	OR OR portions record. tion 2A receivi b)" in S	from each fund li you must ng custodian. ection 3A . Do
Payment Method If no instructions are selected, your distribution will be a mail to my address of record - (if you elected complete the receiving custodian below*) *Qualified Plan, 401(k), TSP or 403(b) Direction of the payment included the payment included the plan of the payment included the plan of the payment included the plan receiving IRA assets: 401K	s are chosen, but no percenta be issued as a check payable to d a Direct Rollover to a d t Rollover Deposit - Che irect rollover to a Qualif ding moving assets to ar	\$ ge is provided, to you and maile qualified plan ck will be ma	ed to your address of one or 403(b) in Sector adde payable to the 1(k), TSP, or 403(lian.	OR OR portions record. tion 2A receivi b)" in S	you must ng custodian. ection 3A. Do



Send to my bank account by electronic tra If these banking instructions are not curre guaranteed with a Medallion Signature Gu check for the bank account to be used in a check see Section 7 .	ntly on file for your Impax IR arantee (see Section 7). For	new instructions plea	ase attach a voided	l, unsigned	
Bank Name	Bank Name Name(s) on Bank Account				
Bank Routing/ABA Number	Bank Account Number	This is		gs Account	
Note: one common name must appear on both you	ır Impax account registration and t	he bank account registrat	tion.		
6. Tax Withholding Election					
Federal income tax will be withheld at the rate elect a withholding rate of 0% below or have p the payment even though you may be receiving gross income. This withholding procedure may taxes withheld from your distribution, or if you be responsible for payment of estimated tax. Y estimated tax payments are not sufficient. You make a different election with the Custodian. I elect federal income tax withholding of 0%	reviously elected out of with g amounts that are not subje result in excess withholding do not have enough federal ou may incur penalties under understand that your below	holding. Tax will be won to withholding becoments. If you income tax withheld or the estimated tax ruelection will remain in	vithheld on the gros cause they are exclu you elect to have no from your distribut ules if your withhold n effect until such t	ess amount of uded from o federal cion, you may ding and	
I elect federal income tax withholding of from 1% to 100%).*	% (r	nust be a whole perc	ent, you may elect	any rate	
See the attached Form W-4R Withholding Cert "Suggestion for determining withholding" insappropriate withholding rate.					
* Generally, you can't elect less than 10% federal income	tax withholding for payments to be	e delivered outside the Ur	nited States and its pos	sessions.	
State Income Tax Withholding Your state of residence will determine your state withholding will require state income tax to be individuals determine whether they want state may wish to consult with a tax advisor or your are completing this form, your below election with Custodian.	withheld from payments if for taxes withheld. Some states state's tax authority for addi	ederal taxes are with have no income tax of tional information on	neld. Voluntary stat on retirement paym your state requirer	es let nents. You ments. If you	
I elect <u>TO NOT</u> have State Income Tax withh (only for residents of states that do not req					
I elect <u>TO</u> have the following dollar amount Taxes (for residents of states that allow voluntary		ement account distrib	oution withheld for	State Income	



7. Tax ID Certification and Participant Authorization

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 stationary with your account registration, account number and bank routing number. The letter must be signed by a bank official.

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

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 instructions); and

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.

Participant's Signature (or Beneficiary's signature if participant is deceased)	Date

Medallion Signature Guarantee (if required): 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.

Medaillon Sign	ature Guaran	iee	

Substitute W-4R 2024 - Withholding Certificate for Nonperiodic Payments - For use with IRAs ONLY

Where instructed to provide your withholding election on "line 2" use the space provided on the attached form under "Federal Income Withholding Election."

2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See below for more information on how to use this table.

Single or Married filing Separately		Married filing jointly		Head of household		
!		or				
		Qualifying surviving spouse				
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	
\$0	0%	\$0	0%	\$0	0%	
14,600	10%	29,200	10%	21,900	10%	
26,200	12%	52,400	12%	38,450	12%	
61,750	22%	123,500	22%	85,000	22%	
115,125	24%	230,250	24%	122,400	24%	
206,550	32%	413,100	32%	213,850	32%	
258,325	35%	516,650	35%	265,600	35%	
623,950*	37%	760,400	37%	631,250	37%	
*If married filing separately, use \$380,200 instead for this 37% rate.						

General Instructions: Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories .

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 2 - More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables above to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other

withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700 is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18.050 that is in the lower bracket). Multiply \$1,950 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.