

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
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Coverdell Education Savings Account Rollover Certification

Use this form to certify the eligibility of a rollover contribution. Rules regarding rollovers and their tax implications are complex. Please refer to IRS Publication 970 or a professional tax advisor for more information. You must complete the rollover within 60 calendar days of your receipt of that distribution.

Fields noted with an asterisk (*) are required.

1. Personal Information

Responsible Individual (Parent/Guardian of Designated Beneficiary)

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.

Designated Beneficiary

Name*	Social Security/Tax ID No.*
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Impax Coverdell Education Savings Account # (if applicable):

(If you are establishing a new Impax Coverdell Education Savings Account, you must also complete a Coverdell Education Savings Account Application.)

2. Rollover Investment

- Coverdell ESA in the same Designated Beneficiary's name** — This is a distribution of all or part of the account from another Coverdell ESA that was registered to the same Designated Beneficiary and is being rolled over within 60 days of receipt.
- Eligible Family Member's Coverdell ESA** — This is a distribution of all or part of the account balance from a Coverdell ESA that was held in another family member's name and is being rolled over within 60 days of receipt.

3. Invest as Follows

Amount of Rollover \$

Please purchase into the following fund(s):	Amount to be invested			Investor Class	Class A
	\$	OR	%		
Impax Large Cap Fund	\$	OR	%	<input type="checkbox"/> 3050	
Impax Small Cap Fund	\$	OR	%	<input type="checkbox"/> 3048	<input type="checkbox"/> 3098
Impax U.S. Sustainable Economy Fund	\$	OR	%	<input type="checkbox"/> 3042	<input type="checkbox"/> 3092
Impax Global Sustainable Infrastructure Fund	\$	OR	%	<input type="checkbox"/> 3041	
Impax Global Opportunities Fund	\$	OR	%	<input type="checkbox"/> 3051	
Impax Global Environmental Markets Fund	\$	OR	%	<input type="checkbox"/> 3049	<input type="checkbox"/> 3099
Impax Ellevest Global Women's Leadership Fund	\$	OR	%	<input type="checkbox"/> 3046	
Impax Global Social Leaders Fund	\$	OR	%	<input type="checkbox"/> 3052	
Impax International Sustainable Economy Fund	\$	OR	%	<input type="checkbox"/> 3047	
Impax Core Bond Fund	\$	OR	%	<input type="checkbox"/> 3045	
Impax High Yield Bond Fund	\$	OR	%	<input type="checkbox"/> 3044	<input type="checkbox"/> 3094
Impax Sustainable Allocation Fund	\$	OR	%	<input type="checkbox"/> 3040	

4. Certification

I, as the Responsible Individual for the above referenced account, certify the following statements are true and correct:

The investment is an eligible Coverdell ESA rollover contribution that is being rolled over

- 1. Within the required timeframe, and*
- 2. Includes only Coverdell ESA eligible assets, and*
- 3. Is from another Coverdell ESA account in which the above-named Designated Beneficiary was either the original Designated Beneficiary or was an eligible family member of the Designated Beneficiary.*

The property received from the distributing Coverdell ESA is the same property that is being rolled over into this Coverdell ESA.

I understand that this rollover contribution is irrevocable. I agree that I, as the Responsible Individual, am solely responsible for all tax consequences of this rollover contribution. I also agree that neither the Custodian nor Impax Funds shall have responsibility for any such tax consequences or any consequences resulting from this amount being ineligible for rollover.

I have read, understand, and agree to be legally bound by the terms of this form. I also understand that the Custodian will rely on this form when accepting this rollover contribution.

Responsible Individual's signature	Date
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