

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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Name Change Form

1. 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.

2. Name Update

I hereby certify that my name has been changed and the two names listed below are one and the same person. Please change my account registration to reflect my legal name change:

Former Name	New Name
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3. Your Signature

To complete this request you must sign with your signature and it must be notarized.

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 ARE subject to backup withholding); 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.

Signature	Date
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Sworn to me this day of , 20

Notary Public
My Commission Expires

Notary Stamp (required)
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