

<b>Regular mail:</b> Impax Funds P.O. Box 534463 Pittsburgh, PA 15253-4463	<b>Overnight mail:</b> Impax Funds Attention: 534463 500 Ross Street, 154-0520 Pittsburgh, PA 15262 Telephone: 1 (800) 372 7827
---	--

## Individual Retirement Account (IRA) Qualified Charitable Distribution Form

Use this form to request a Qualified Charitable Distribution (“QCD”) from your IRA or beneficiary inherited IRA. Retirement plan participants or their beneficiaries who have attained age 70½ or older, may make tax-free distributions from a Traditional or Roth IRA and donate the amount distributed to an eligible tax-exempt charitable organization. **DO NOT use this form for any other distribution. Impax requires a shareholder to obtain a Medallion Signature Guarantee (MSG) stamp when using this form.**

The total of all QCDs for a single tax year cannot exceed \$100,000. The QCD amount can be used toward satisfying your Required Minimum Distribution (“RMD”) for the tax year. The QCD will be reported to the IRS on Form 1099-R as a normal distribution (Code 7) based on your age. You must document the tax-free qualification to the Internal Revenue Service “IRS” on your Federal income tax return (Form 1040). Please visit the IRS web site [www.irs.gov](http://www.irs.gov), or contact a professional tax advisor for more information.

**Fields noted with an asterisk (\*) are required.**

### 1. Participant Information

Account Owner’s Name*		Social Security/Tax ID No.*	
Mailing Address*	City*	State*	Zip Code*
Day Telephone	Evening Telephone	Cell Telephone	
Email Address			
Account Number*		Birthdate* (mm/dd/yyyy)	

Check here if contact information above is new. The new information will replace the information currently on file.

**Type of Account** (excluding SEP or SIMPLE IRAs)

Traditional/Rollover IRA     Roth IRA     Beneficiary Inherited Traditional IRA     Beneficiary Inherited Roth IRA

### 2. Distribution Instructions – (complete sections A and B)

The total of all Qualified Charitable Distributions for a single tax year cannot exceed \$100,000.

**A. Distribution Amount: (Not to exceed the allowable limit of \$100,000.)**

- Use my calculated RMD amount - If the calculated amount exceeds the \$100,000 limit, your request will be rejected. I understand that I am responsible for contacting the fund to request any future year RMD amounts. The RMD amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590B, “Distributions from Individual Retirement Arrangements (IRAs)”, which incorporates updated Life Expectancy Tables. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table.

Beneficiary’s Birthdate\*  (mm/dd/yyyy) (required)

- Process a partial distribution of \$
- Liquidate entire account.

Note: Federal tax withholding is not required from a QCD and will not be withheld from the distribution amount.

**B. Distribution Method:**

- Distribute proportionately across all funds, (or)
- Distribute as indicated below:

	Percentage
Fund:	%
Fund:	%
Fund:	%

**3. Payment and Mailing Instruction**

Choose one:

- Mail to my address currently on file. I will forward the proceeds to the organization(s).
- Mail directly to the organization(s). I will contact them to ensure I receive the acknowledgement required by the IRS.

**Charitable Organization**

Amount:  % of the distribution proceeds (or) specify dollar amount \$

Name of Charity			
To the Attention of			
Address	City	State	Zip Code

**Charitable Organization**

Amount:  % of the distribution proceeds (or) specify dollar amount \$

Name of Charity			
To the Attention of			
Address	City	State	Zip Code

**Charitable Organization**

Amount:  % of the distribution proceeds (or) specify dollar amount \$

Name of Charity			
To the Attention of			
Address	City	State	Zip Code

Check this box - if you have attached a request for additional charities.

**4. Participant Authorization**

*I certify that I am the Participant authorized to make this election and that all information provided is true and accurate. I further certify that the Custodian, the Fund, 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 and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry.*

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.

<b>Medallion Signature Guarantee</b>
--------------------------------------