



The Tocqueville Trust Coverdell Education Savings Account Application

Mail to: The Tocqueville Trust
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: The Tocqueville Trust
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St. FL 3
Milwaukee, WI 53202-5207

For additional information, please call toll-free **1-800-697-3863** or visit us on the web at **www.tocqueville.com**.

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: *full name, date of birth, Social Security number, and permanent street address*. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information for you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1. Designated Beneficiary

(Account Holder)

_____	_____	_____
FIRST NAME	M.I.	LAST NAME
_____		_____
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY / STATE / ZIP
_____	_____	
SOCIAL SECURITY NUMBER	BIRTH DATE (Mo / Dy / Yr)	

2. Responsible Party

_____	_____	_____
FIRST NAME	M.I.	LAST NAME
_____		_____
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY / STATE / ZIP
_____	_____	
DAYTIME PHONE NUMBER	RELATIONSHIP TO DESIGNATED BENEFICIARY	
_____	_____	
SOCIAL SECURITY NUMBER	BIRTH DATE (Mo / Dy / Yr)	
_____	_____	
DRIVER'S LICENSE OR STATE I.D. NUMBER	STATE OF ISSUE	

The following 2 options will be added to your account. If you do not want these options, check the boxes below.

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article VI of the Coverdell Education Savings Account agreement.
 - The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VII of the Coverdell Education Savings Account agreement.
 - The responsible party may not change the beneficiary.

3. Account Type

Refer to disclosure Statement for eligibility requirements and contribution limits.

Select one of the following account types:

- Coverdell Education Savings Account (CESA)
For the Tax year _____.
- Rollover Account – specify the type of rollover:
 - Account Holder's CESA to Account Holder's CESA
 - Qualifying Family member's CESA to Account Holder's CESA
- Transfer Account – a direct transfer from current CESA custodian

4. Investment Choices:

By check: Make check payable to **The Tocqueville Trust**. \$ _____

By wire: Call 1-800-697-3863. Indicate amount of wire \$ _____

Fund Name		Investment Amount		Optional Automatic Investment Plan	
		\$250 minimum	\$100 minimum	AIP Start Month	Day
<input type="checkbox"/> The Tocqueville Fund	(914)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> The Tocqueville Small Cap Fund	(915)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> The Tocqueville International Value Fund	(916)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> The Tocqueville Gold Fund	(919)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> The Delafield Fund	(924)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> The Select Fund	(923)	\$ _____	\$ _____	_____	_____

5. Telephone and Internet Options

Your signed application must be received at least 15 business days prior to initial transaction.

Internet Purchase (EFT) (\$100 minimum) – permits the on- demand purchase of shares from your bank account.*

Exchange (\$250 minimum) – The ability to exchange into an identically registered account in another Fund within the Tocqueville Trust via telephone is automatically granted unless you decline the option by checking the box below.

DECLINE – I do not wish to have the telephone exchange option on my account.

** If you selected any of these options, please attach a voided check to this application. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-thru account.*

6. Voided Check for Bank Information

Your signed application must be received at least 15 business days prior to initial transaction.

Please include a voided bank check or pre-printed savings deposit slip.

Based on the instructions in Section 4 or 5, funds will be automatically transferred from the checking or savings account on the slip below:

**ATTACH VOIDED CHECK OR
PRE-PRINTED SAVINGS
DEPOSIT SLIP HERE**

- A fee will be assessed if your bank refuses the automatic purchase draw.
- Participation in the plan will be terminated upon redemption of all shares.
- Automatic Investments will be reported as current year contributions.

7. Beneficiary Information (Due to death) *(If you need more space, please enclose a separate sheet of paper.)*

Primary

NAME _____ RELATIONSHIP _____ CITY / STATE / ZIP _____ SOCIAL SECURITY NUMBER _____ DOB _____ % _____

Secondary

NAME _____ RELATIONSHIP _____ CITY / STATE / ZIP _____ SOCIAL SECURITY NUMBER _____ DOB _____ % _____

8. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt The Tocqueville Trust Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for The Tocqueville Trust (the "Funds"). I understand the Funds' objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Funds and its transfer agent shall not be liable if I fail to notify The Tocqueville Trust within such time period. I certify that I as the Responsible Party am of legal age and have the legal capacity to make this purchase.

I understand that the fees relating to my account may be collected by redeeming sufficient shares. The Custodian may change the fee schedule at any time.

I authorize the Fund to perform a credit check based on the information provided, if necessary.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Tocqueville Trust") will not be responsible for banking system delays beyond their control. By completing sections 4 or 5, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. The Tocqueville Trust will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Funds' transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)

Appointment as Custodian accepted:
U.S. Bank, NA



9. Broker / Dealer Information

Please be sure to complete representative's first name and middle initial.

DEALER NAME
DEALER HEAD OFFICE INFORMATION:
ADDRESS
CITY / STATE / ZIP
TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME FIRST NAME MI
REPRESENTATIVE'S BRANCH OFFICE INFORMATION:
ADDRESS
CITY / STATE / ZIP
TELEPHONE NUMBER
TOCQUEVILLE IA # (IF KNOWN)

Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Social Security or Tax ID numbers in Sections 1 and 2?
 - Birth dates in Sections 1 and 2?
 - Full names in Sections 1 and 2?
 - Permanent street addresses in Sections 1 and 2?
- Enclosed your check made payable to The Tocqueville Trust?
- Included a voided check, if applicable?
- Signed your application in Section 8?