

# First American Funds Class A Account Application

(To Be Used in Connection with an existing or simultaneous investment in The Tocqueville Trust.)

Mail to:  
The Tocqueville Trust  
c/o U.S. Bancorp Fund Services, LLC  
P.O. 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., 3rd Floor  
Milwaukee, WI 53201-0701

Notice: 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. Corporate, trust and similar accounts require additional documentation.* This information will be used to verify your identity. We will not accept your application unless and until your true identity can be verified. We will return your application if any of this information is missing, and we may ask for supplemental information about you for verification purposes.

1. \$2,500 minimum initial investment by fund. \$100 minimum additional investment per fund.

Investment –  **TQ 917 First American Prime Obligations Class A** \$ \_\_\_\_\_  
 **TQ 918 First American Government Obligations Class A** \$ \_\_\_\_\_  
 **TQ 920 First American Intermediate Term Bond Class A** \$ \_\_\_\_\_

By Check: Make check payable to The Tocqueville Trust. Total investment: \$ \_\_\_\_\_

By wire: Call 1-800-697-3863. Indicate amount of total investment by wire: \$ \_\_\_\_\_  
(A completed application is required in advance of your wire.)

## 2. Investor Information - *Select one*

Individual

\_\_\_\_\_  
FIRST NAME M.I. LAST NAME SOCIAL SECURITY BIRTHDATE

Joint Owner

\_\_\_\_\_  
FIRST NAME M.I. LAST NAME SOCIAL SECURITY BIRTHDATE

Registration will be Joint Tenancy with Rights of Survivorship (JTWROS), unless otherwise specified.

Gift to Minors

\_\_\_\_\_  
CUSTODIAN'S M.I. LAST NAME SOCIAL SECURITY BIRTHDATE

FIRST NAME  
(ONLY ONE PERMITTED)

\_\_\_\_\_  
MINOR'S M.I. LAST NAME SOCIAL SECURITY BIRTHDATE

FIRST NAME  
(ONLY ONE PERMITTED)

\_\_\_\_\_  
STATE OF RESIDENCE

Corporation/ Trust\*

\_\_\_\_\_  
NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION

Partnership\*

\_\_\_\_\_  
NAME OF TRUSTEES/PARTNERS (IF TO BE INCLUDED IN REGISTRATION)

Other Entity\*

\_\_\_\_\_  
SOCIAL SECURITY/TAX ID# \_\_\_\_\_ DATE OF FORMATION \_\_\_\_\_

\* You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements, Partnership Agreement or other official documents).

Remember to include a separate sheet detailing the Full Name, Date of Birth, Social Security Number and Permanent Street Address for all individuals authorized to act on behalf of the named entity.

**3. Permanent Street Address**

(P.O. Box is not acceptable)  
(i.e., residential address or, for entities, principal place of business)

Mailing Address/Duplicate Confirmation to:

STREET		APT/SUITE
CITY	STATE	ZIP
DAYTIME PHONE #	EVENING PHONE #	
EMAIL		

FIRST NAME	M.I.	LAST NAME
STREET		APT/SUITE
CITY	STATE	ZIP

**4. Telephone Exchange and Redemptions**

The fund(s) currently offer telephone exchange and redemption privileges to shareholders, whereby a shareholder may redeem funds and make wire transfers over the telephone (\$50,000 per fund maximum per day). To establish wire transfer rights, please attached a voided check. Shareholders may also make fund-to-fund exchanges over the telephone. Neither the transfer agent nor the fund(s) will be responsible for the authenticity of redemption instructions received by telephone if it reasonably believes those instructions to be genuine. The fund(s) and transfer agent will each employ reasonable procedures to confirm that telephone instructions are genuine, and may be liable for losses resulting from unauthorized or fraudulent telephone instructions if it does not employ these procedures. Such procedures may include taping of telephone conversations.

- Exchange** – Permits the exchange of shares between identically registered accounts.
- Redemption** – Permits the redemption of shares with payment to the address of record or my bank account (please attach a voided check in order to establish bank instructions)
- I do not want** the telephone exchange and redemption privileges indicated above.

*Note: If you do not elect one of the choices above, your account will automatically have the telephone exchange and redemption feature.*

**5. Signature and Certification Required by the Internal Revenue Service**

CUSTOMER AGREEMENT: Under penalties of perjury, I certify: (1) that the number shown on this application is the correct taxpayer identification number; (2) that the taxpayer is not subject to backup withholding because (i) it is exempt from backup withholding; (ii) it has not been notified by the Internal Revenue Service that it is subject to backup withholding as a result of failure to report all interest and dividends; or (iii) the Internal Revenue Service has notified it that it is no longer subject to backup withholding (If the taxpayer has been notified by the Internal Revenue Service that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return, cross out item (2).); and (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Failure to provide a correct taxpayer identification number with this application will result in backup withholding.

By signing below, I certify and agree that the information provided in this application is complete and correct. I have received and reviewed the current prospectus of the Class A shares of the Prime Obligations Fund, the Government Obligations Fund, or the Intermediate Term Bond Fund, a series of First American Funds, Inc., in which I am investing and agree to the terms and conditions contained therein. I have read and understood the terms set forth in this application, including the Customer Agreement. I understand that certain account options and features available to investors, such as Automatic Investment Plan and Systematic Withdrawal Plan options may not be available to me unless I provide The Tocqueville Trust, with additional information. I understand that these investment products are not FDIC insured, are not deposits of, obligations of, or guaranteed by any bank, and involve investment risks, including possible loss of the principal invested. I agree that Quasar Distributors, LLC, First American Funds, Inc., or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine.

\_\_\_\_\_  
SIGNATURE OF OWNER\*

\_\_\_\_\_  
DAY (Mo/Dy/Yr)

\_\_\_\_\_  
SIGNATURE OF JOINT OWNER, if any

\_\_\_\_\_  
DAY (Mo/Dy/Yr)

\* If shares are to be registered in (1) joint names, both persons sign, (2) a custodial account for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided below.

\_\_\_\_\_  
PRINT NAME AND TITLE OF OFFICER SIGNING FOR A CORPORATION OR OTHER ENTITY