



Name Change Form

Regular Mail: The Tocqueville Trust
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Delivery: The Tocqueville Trust
c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

1 Current Account Information

<input type="text"/>	<input type="text"/>
FORMER NAME (AS IT APPEARS ON YOUR ACCOUNT REGISTRATION)	SOCIAL SECURITY NUMBER

<input type="text"/>
PERMANENT STREET ADDRESS

<input type="text"/>	<input type="text"/>
CITY / STATE / ZIP CODE	DAYTIME TELEPHONE NUMBER

<input type="text"/>
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

<input type="text"/>	<input type="text"/>
CITY / STATE / ZIP CODE	DAYTIME TELEPHONE NUMBER

Please indicate the account(s) this name change will affect:

<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME	FUND NUMBER	ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME	FUND NUMBER	ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME	FUND NUMBER	ACCOUNT NUMBER

Note: Please attach a separate piece of paper listing any additional account numbers this change will affect.

2 Updated Account Information

Please provide updated information exactly as you would like it to appear on your account(s). This includes your new name and, if applicable, your new address. If your mailing address is a PO Box, a permanent street address is also required by the USA PATRIOT Act.

<input type="text"/>
NEW NAME

<input type="text"/>
PERMANENT STREET ADDRESS

<input type="text"/>	<input type="text"/>
CITY / STATE / ZIP CODE	DAYTIME TELEPHONE NUMBER

<input type="text"/>
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

<input type="text"/>	<input type="text"/>
CITY / STATE / ZIP CODE	EVENING TELEPHONE NUMBER

<p>Please select one:</p> <p><input type="checkbox"/> I have attached a certified copy of the legal documentation proving my name change (ex. marriage certificate or divorce decree)</p> <p><input type="checkbox"/> I am unable to provide a certified copy of the legal documentation proving my name change. I have obtained a signature guarantee in the Signatures section of the form.</p>
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3 Signature & Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the Internal Revenue service (IRS) of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding*, and
3. I am a U.S. person (including a U.S. resident alien), and
4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.

***Note:** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please sign below with your new and former name.

X	
SIGNATURE IN FORMER NAME	DATE
X	
SIGNATURE IN NEW NAME	DATE

4 Signature Guarantee (if required)

A signature guarantee will be required if you are unable to provide the legal documentation proving your name change. Your signatures must be guaranteed by an officer of a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.

AUTHORIZED SIGNATURE GUARANTEE STAMP	DATE