

# Account Options 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

For additional information please call toll-free 1-800-697-3863 or visit us on the web at [www.tocquevillefunds.com](http://www.tocquevillefunds.com).

**IMPORTANT:** This form is used to make changes to your existing account(s). Please read the The Tocqueville Trust prospectus for complete information about requirements and procedures for account options. Some options on this form may not be permitted for your account.

## Account Information | If address for Joint Owner(s)/Trustee(s)/Authorized Signer(s) is identical, please write "Same".

If this box is checked, I/we give The Tocqueville Trust authorization to update the address of record to the address listed on this form under Owner Name if it is different than the Fund's records. A signature of all account owners must be included in Section 7 in order for this change to be valid.

<small>OWNER NAME / TRUST / CORPORATION / OTHER ENTITY</small>	<small>SOCIAL SECURITY / TAX ID NUMBER</small>	<small>PHONE NUMBER</small>

<small>STREET ADDRESS</small>	<small>CITY / STATE / ZIP</small>

<small>JOINT OWNER NAME / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER</small>	<small>SOCIAL SECURITY / TAX ID NUMBER</small>	<small>PHONE NUMBER</small>

<small>STREET ADDRESS</small>	<small>CITY / STATE / ZIP</small>

<small>JOINT OWNER NAME / CO-TRUSTEE / AUTHORIZED SIGNER</small>	<small>SOCIAL SECURITY / TAX ID NUMBER</small>	<small>PHONE NUMBER</small>

<small>STREET ADDRESS</small>	<small>CITY / STATE / ZIP</small>

<small>JOINT OWNER NAME / CO-TRUSTEE / AUTHORIZED SIGNER</small>	<small>SOCIAL SECURITY / TAX ID NUMBER</small>	<small>PHONE NUMBER</small>

<small>STREET ADDRESS</small>	<small>CITY / STATE / ZIP</small>

Please indicate account(s) that require change:

<small>FUND NAME</small>	<small>FUND NUMBER</small>	<small>ACCOUNT NUMBER</small>

<small>FUND NAME</small>	<small>FUND NUMBER</small>	<small>ACCOUNT NUMBER</small>

<small>FUND NAME</small>	<small>FUND NUMBER</small>	<small>ACCOUNT NUMBER</small>

## 1 Type of Change | Check all that apply

- Telephone Options - complete Sections 2, 3 (if applicable) & 7
- Bank Information - complete Sections 3 & 7
- Capital Gains & Dividend Options - complete Sections 3 (if applicable), 4 & 7
- Systematic Options - complete Sections 3 (if applicable), 5 and/or 6 & 7

## 2 Telephone Options | Check option(s) to establish

Please complete Section 3 for purchase or redemption via a bank checking or savings account if bank information has not already been established.

- Telephone Purchase via ACH
- Telephone Exchange
- Telephone Redemption By:  Wire\*<sup>^</sup>  ACH\*  Check to Address of Record

\*A signature guarantee stamp will be required to establish options per the Fund's prospectus.

<sup>^</sup>Refer to your Fund's prospectus for information relating to fees for proceeds sent by federal wire.

## 3 Bank Information\* | Check appropriate action

- Add Bank Information (attach voided check)
- Change Existing Bank Information (attach voided check)
  - My existing bank information is no longer valid.

Please attach a voided check or pre-printed deposit slip.  Checking  Savings

(We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.

John Doe 53289  
 Jane Doe  
 123 Main St.  
 Anytown, USA 12345

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ DOLLARS

Memo \_\_\_\_\_ Signed \_\_\_\_\_

⑆ 1 2 3 4 5 6 7 8 ⑆      ⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

**\*Adding or changing bank information will require a signature guarantee per the Fund's prospectus.**

VOID

## 4 Capital Gains & Dividend Options

**Cash distribution should be paid by (select one):**

- Check to Address of Record  ACH to Bank of Record\*

		Capital Gains		Dividends	
		Reinvest	Cash*	Reinvest	Cash*
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUND NUMBER	ACCOUNT NUMBER				
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUND NUMBER	ACCOUNT NUMBER				
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUND NUMBER	ACCOUNT NUMBER				

\*If you choose the option to have distributions sent via ACH to bank of record, please confirm whether you currently have valid bank information on record. If adding or changing bank information, please complete Section 3 and attach a voided check or savings deposit slip.

## 5 Systematic Options | Automatic Investment Plan (AIP)

Please allow at least 15 days after receipt of this form for your AIP to be effective.

Please see your Fund's prospectus for requirements on automatic investment plans for details on balance requirements, purchase minimums and frequency. If the AIP cannot be made due to insufficient funds or stop payment, a \$25 fee will be assessed on your account. The AIP will then be terminated after two such consecutive occurrences.

**Purchase with:**  Existing Bank Information **OR**  New Bank Information\*

FUND & ACCOUNT NUMBER




AIP START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

DOLLAR AMOUNT

**NOTE: The AIP will be purchased on the date requested or first business day after.**

**Frequency (check one)**  Monthly  Quarterly  Semi-Annually  Annually

**Purchase with:**  Existing Bank Information **OR**  New Bank Information\*

FUND & ACCOUNT NUMBER




AIP START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

DOLLAR AMOUNT

**NOTE: The AIP will be purchased on the date requested or first business day after.**

**Frequency (check one)**  Monthly  Quarterly  Semi-Annually  Annually

*\*Please complete Section 3 if new bank information is being used for the Automatic Investment Plan.*

## 6 Systematic Options | Systematic Withdrawal Plan (SWP)

**NOTE: The SWP will be withdrawn on the date requested or the first business day after.**

FUND & ACCOUNT NUMBER




SWP START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

DOLLAR AMOUNT

**Frequency (check one)**  Monthly  Quarterly  Semi-Annually  Annually

**Send proceeds by (check one)**  Check OR  ACH to: (check one)  Existing Bank Information  New Bank Information\*\*  Special Payee\*\*



MAKE CHECK PAYABLE TO

STREET ADDRESS / CITY / STATE / ZIP

**NOTE: The SWP will be withdrawn on the date requested or the first business day after.**

FUND & ACCOUNT NUMBER




SWP START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

DOLLAR AMOUNT

**Frequency (check one)**  Monthly  Quarterly  Semi-Annually  Annually

**Send proceeds by (check one)**  Check OR  ACH to: (check one)  Existing Bank Information  New Bank Information\*\*  Special Payee\*\*



MAKE CHECK PAYABLE TO

STREET ADDRESS / CITY / STATE / ZIP

*\*Please see the Fund's prospectus for requirements on systematic withdrawal plans for details on balance requirements, minimum withdrawal amounts and frequency.*

*\*\*Requesting proceeds to be sent to a checking or savings account not currently on record or establishing a Special Payee will require a signature guarantee stamp. If we do not have bank information on record, please complete Section 3 of this form.*

## 7 Signature(s)

I have received and understand the prospectus for The Tocqueville Trust. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify the Fund 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 Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. U.S. Bank Global Fund Services and the Fund 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.

I certify that all information in the Account Options Form is accurate, and agree to hold U.S. Bank Global Fund Services and the Fund harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

**X**

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

**X**

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

**X**

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

**X**

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

**\*If shares are to be registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian should sign, (3) a trust, ALL trustee(s) should sign, or (4) a corporation or other entity, an officer(s) should sign.**

\_\_\_\_\_  
AUTHORIZED SIGNATURE GUARANTEE STAMP

\_\_\_\_\_  
DATE (MM/DD/YYYY)

**If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.**