



# Change of Registration Form

(Use this form for non-retirement accounts only)

**Regular Mail:**  
The Tocqueville Trust  
c/o U.S. Bank Global Fund Services  
P.O. 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

» This form should be used to change the registration of an existing account. A New Account Application must accompany the form unless noted.

## 1 Current Account Registration

|   |                                 |          |
|---|---------------------------------|----------|
| <input type="text"/>                      | <input type="text"/>            |          |
| NAME OF TAXABLE OWNER / MINOR / TRUST     | SOCIAL SECURITY NUMBER / TAX ID |          |
| <input type="text"/>                      | <input type="text"/>            |          |
| NAME OF JOINT OWNER / CUSTODIAN / TRUSTEE | SOCIAL SECURITY NUMBER / TAX ID |          |
| <input type="text"/>                      | <input type="text"/>            |          |
| NAME OF JOINT OWNER / TRUSTEE             | SOCIAL SECURITY NUMBER / TAX ID |          |
| <input type="text"/>                      | <input type="text"/>            |          |
| FUND NAME                                 | ACCOUNT NUMBER                  |          |
| <input type="text"/>                      | <input type="text"/>            |          |
| FUND NAME                                 | ACCOUNT NUMBER                  |          |
| <input type="text"/>                      | <input type="text"/>            |          |
| FUND NAME                                 | ACCOUNT NUMBER                  |          |
| <input type="text"/>                      | <input type="text"/>            |          |
| PERMANENT STREET ADDRESS                  | DAYTIME TELEPHONE NUMBER        |          |
| <input type="text"/>                      | <input type="text"/>            |          |
| <input type="text"/>                      | <input type="text"/>            |          |
| CITY                                      | STATE                           | ZIP CODE |

**Note:** If the address listed above differs from the address currently in our records, by signing this form you authorize us to update all accounts associated with the Social Security number(s) or Tax ID number(s) provided with the new address.

## 2 Reason for Registration Change (please select one)

- Individual or Joint Account to Trust or Entity Account (complete sections 3 and 8)
- Remove or add an account owner or trustee (complete sections 4 and 8)
- Relinquish UTMA/UGMA account to taxable owner who has reached age of majority (complete sections 5 and 8)
- Change custodian on UTMA/UGMA account due to resignation of current custodian (complete sections 6 and 8)
- Gift shares to an individual or Entity (complete sections 7 and 8)

### 3 Individual or Joint Account to Trust or Entity Account

**For Trust accounts, a complete copy of your trust agreement or a notarized Certificate of Trust is required.  
For Entity accounts, Entity documentation and a list of authorized signers are required.**

NAME OF TRUST / ENTITY

SOCIAL SECURITY NUMBER / TAX ID

TRUSTEE / AUTHORIZED SIGNER

TRUSTEE / AUTHORIZED SIGNER

Please attach a separate sheet if there are more than two trustees or authorized signers.

**Signature Requirements:**

- All current account owners must sign in section 8.
- If a current account owner is not listed as a grantor of the trust, they must obtain a signature guarantee in section 8.
- If reregistering to an Entity, all account owners must obtain a signature guarantee in section 8.

### 4 Remove or Add an Account Owner or Trustee

**For Trust accounts, a complete copy of your trust agreement or a notarized Certificate of Trust is required.**

ACCOUNT OWNER / TRUSTEE TO REMOVE

ACCOUNT OWNER / TRUSTEE TO REMOVE

ACCOUNT OWNER / TRUSTEE TO ADD

ACCOUNT OWNER / TRUSTEE TO ADD

**Signature Requirements:**

- All current account owners must sign in section 8.
- Any account owner or trustee to be removed must obtain a signature guarantee in section 8.

### 5 Relinquish UTMA/UGMA to Taxable Owner *(taxable owner had reached age of majority)*

**Please note that the age of majority for UTMA/UGMA accounts differs by state.**

NAME OF TAXABLE OWNER (FORMER MINOR)

DATE OF BIRTH (MM / DD / YYYY)

**Signature Requirements:**

- The custodian must sign in section 8 and obtain a signature guarantee.

## 6 Change Custodian on UTMA/UGMA *(current custodian is resigning)*

**An application is not required. Please note that the new custodian must be an adult member of the minor's family, the guardian for the minor, or a trust company. Please complete the information below for the new custodian.**

Note: In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the information requested below for all registered account owners and all authorized individuals. This information is used to verify your true identity. We will return the form if any of this information is missing, and we may request additional information for verification purposes.

|  |                                      |                 |
|--|--------------------------------------|-----------------|
|  |                                      |                 |
| <i>NAME OF NEW CUSTODIAN</i>                                 |                                      |                 |
|  |                                      |                 |
| <i>SOCIAL SECURITY NUMBER / TAX ID</i>                       | <i>DATE OF BIRTH (IF APPLICABLE)</i> |                 |
|  |                                      |                 |
| <i>PERMANENT STREET ADDRESS (P.O. BOX IS NOT ACCEPTABLE)</i> | <i>DAYTIME TELEPHONE NUMBER</i>      |                 |
|  |                                      |                 |
| <i>CITY</i>  | <i>STATE</i>                         | <i>ZIP CODE</i> |
|  |                                      |                 |
| <i>MAILING ADDRESS (IF APPLICABLE)</i>                       | <i>ALTERNATE TELEPHONE NUMBER</i>    |                 |
|  |                                      |                 |
| <i>CITY</i>  | <i>STATE</i>                         | <i>ZIP CODE</i> |

**Signature Requirements:**

- The current custodian must sign in section 8 and obtain a signature guarantee.
- The new custodian must sign below, or they may submit a separate signed letter of acceptance.

By signing below, I accept the appointment to act as the custodian on the account(s) referenced in section 1. I also confirm that the information listed above is correct.

\_\_\_\_\_  
*SIGNATURE OF NEW CUSTODIAN*

\_\_\_\_\_  
*DATE*

## 7 Gift Shares to an Individual or Entity

**An application is required if the recipient is subject to 1099B reporting. The date of the gift is deemed the date we receive all documentation require to process the transfer unless otherwise noted.**

Note to recipient(s) of gift: For an account using the cost basis method of Average Cost and consisting of gifted shares acquired at a loss, the fair market value (FMV) of the gifted shares will be applied as the adjusted basis, unless this section is signed by the gift recipient. If FMV is not accepted, the first-in, first-out cost basis method will be applied unless an alternate method, other than average cost, is provided on the New Account Application.

- |   |  |
|---|--|
| <input type="checkbox"/> Dollar amount to be gifted \$ _____<br><b>OR</b><br><input type="checkbox"/> Number of shares to be gifted _____ | <input type="checkbox"/> Existing Account Number (not 1099-B reportable) _____<br><b>OR</b><br><input type="checkbox"/> New Account (an application must accompany the form) |
|---|--|

*NAME OF GIFT RECIPIENT*

|  |  |
|--|--|
|  |  |
|--|--|

*SOCIAL SECURITY NUMBER / TAX ID*

*DATE OF BIRTH (IF APPLICABLE)*

By signing below, I confirm that I do not accept FMV for the gifted shares referenced above. I understand the IRS requirement to utilize the first-in, first-out cost basis method *or* I have indicated an alternate cost basis method other than average cost on my New Account Application.

\_\_\_\_\_  
*SIGNATURE OF GIFT RECIPIENT*

\_\_\_\_\_  
*DATE*

## 7 Gift Shares to an Individual or Entity - *continued*

- Dollar amount to be gifted \$ \_\_\_\_\_  Existing Account Number (not 1099-B reportable) \_\_\_\_\_  
**OR** **OR**  
 Number of shares to be gifted \_\_\_\_\_  New Account (an application must accompany the form)

\_\_\_\_\_

NAME OF GIFT RECIPIENT

\_\_\_\_\_

SOCIAL SECURITY NUMBER / TAX ID

\_\_\_\_\_

DATE OF BIRTH (IF APPLICABLE)

By signing below, I confirm that I do not accept FMV for the gifted shares referenced above. I understand the IRS requirement to utilize the first-in, first-out cost basis method *or* I have indicated an alternate cost basis method other than average cost on my New Account Application.

\_\_\_\_\_  
SIGNATURE OF GIFT RECIPIENT

\_\_\_\_\_  
DATE

Please attach a separate sheet if gifting to more than two recipients.

**Signature Requirements:**

- All current account owners must sign in section 8 and obtain a signature guarantee.

## 8 Signatures and Signature Guarantee

**Please review the applicable Signature Requirements prior to completing this section.**

I certify that all information provided on this Change of Registration Form is accurate and agree to hold U.S. Bank Global Fund Services harmless for any actions taken as a result of the information I have provided. I understand that I am responsible for any tax consequences which may result from the information I have provided.

A signature guarantee may be obtained from 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.

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

- Account Owner  Trustee  Custodian  Other \_\_\_\_\_

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

- Account Owner  Trustee  Custodian  Other \_\_\_\_\_

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

- Account Owner  Trustee  Custodian  Other \_\_\_\_\_

\_\_\_\_\_

SIGNATURE GUARANTEE STAMP

\_\_\_\_\_  
DATE