

# Redemption 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).

## 1 Account Information

NAME(S) OF ACCOUNT OWNER(S)

ADDRESS

CITY / STATE / ZIP

SOCIAL SECURITY NUMBER

DAYTIME PHONE NUMBER

FUND NAME

ACCOUNT NUMBER

## 2 Redemption Information

Please indicate the amount of the redemption you are requesting. A signature guarantee may be required based on the dollar amount of your redemption. Please consult the Fund's prospectus.

- Redeem *entire balance* of the account
- Redeem \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_
- Redeem *all but* \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_
- Redeem \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_ shares
- Redeem *all but* \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_ shares

### 3 Delivery Instruction

Redemption should be paid in the following manner (please select one):

- Please send a check to the address of record on my account.**
  - Regular Mail
  - Overnight Mail (a \$15.00 fee applies)
- Wire redemption to (a \$15.00 fee applies):**
  - The bank information currently on file
  - New bank information (a voided check or pre-printed deposit slip must be attached in Bank Information section.)
- Electronic Funds Transfer via Automated Clearing House (ACH) to:**
  - The bank information currently on file
  - New bank information (a voided check or pre-printed deposit slip must be attached in Bank Information section.)No fee applies. ACH transfers take 2-3 business days.
- Alternate payee and/or address other than the address of record.** A signature guarantee is required in Signature section. Please complete the spaces below with the applicable payee and address information.

THIRD PARTY NAME

THIRD PARTY ADDRESS

CITY / STATE / ZIP

### 4 Bank Information

*If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts.*

*Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).*

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 ⑆

## 5 Signature & Certification

I have received and understand the prospectus for my mutual fund. 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 Funds, the applicable 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, NA, on behalf of the applicable Fund. U.S. Bank Global Fund Services and the Fund family 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 Redemption Form is accurate, and agree to hold U.S. Bank Global Fund Services 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 in 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.

**\*If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustees must sign, or (4) a corporation or other entity, an authorized signer must sign.**

<b>X</b>	
SIGNATURE	DATE (MM/DD/YYYY)
<b>X</b>	
SIGNATURE	DATE (MM/DD/YYYY)
<b>X</b>	
SIGNATURE	DATE (MM/DD/YYYY)

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.**

**Your signature must be guaranteed if you are requesting any of the following:**

- A distribution greater than the signature guarantee threshold per the Fund's prospectus.
- Adding or changing banking instructions.
- A distribution to an address other than the address of record
- A distribution to any address of record changed within the last 15 or 30 days per the Fund's prospectus.
- A distribution made payable to a third party.

**Note to Financial Institution:** Please verify that the surety limit of your Medallion Signature Guarantee is equal to or greater than the value of this transaction request.