

## **Name Change Form**

Regular Mail: The Tocqueville Trust c/o U.S. Bank Global Fund Services PO Box 219252 Kansas City, MO 64121-9252

Overnight Delivery: The Tocqueville Trust c/o U.S. Bank Global Fund Services 801 Pennsylvania Ave Suite 219252 Kansas City, MO 64105-1307

Current Account information		
FORMER NAME (AS IT APPEARS ON YOUR ACCOUNT REGISTRATION)		SOCIAL SECURITY NUMBER
PERMANENT STREET ADDRESS		
- ELIMPITE TO THE ELIMPITE OF		
ITY / STATE / ZIP CODE		PHONE NUMBER
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
OUTV / OTATE / 7ID OODE		
CITY / STATE / ZIP CODE		
Please indicate the account(s) this name change will affect:		
FUND NAME	FUND NUMBER	ACCOUNT NUMBER
FIND MAKE		ACCOUNT NUMBER
FUND NAME	FUND NUMBER	ACCOUNT NUMBER
FUND NAME	FUND NUMBER	ACCOUNT NUMBER
Note: Please attach a separate piece of paper listing any additional account numbers t	his change will affect.	
2 Updated Account Information		
Please provide updated information exactly as you would like	e it to annear on your account(	s) This includes your new name and if applicable, you
new address. If your mailing address is a PO Box, a permane	ent street address is also requi	ired by the USA PATRIOT Act.
	<u> </u>	·
NEW NAME		
PERMANENT STREET ADDRESS		
CITY / STATE / ZIP CODE		PHONE NUMBER
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
CITY / STATE / ZIP CODE		
GITT/STATE/ZIF GODE		
Please select one:		
	entation proving my name c	change (ex. marriage certificate or divorce decree)
Please select one:  I have attached a certified copy of the legal documed I am unable to provide a certified copy of the legal		

TQ-NAME-CHG Page 1 of 2

## 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
Х		
SIGNATURE IN NEW NAME		DATE
Signature Commented (if required)		
Signature Guarantee (if required)		
A signature guarantee will be required if you are unable to promust be guaranteed by an officer of a bank, savings association Financial Industry Regulatory Authority, that is an eligible guarantee an acceptable guarantee. The notary public's business card or must accompany the form.	ation, credit union, a member firm of antor institution. A notary public from a	a domestic stock exchange, or the financial institution is able to provide
AUTHORIZED SIGNATURE GUARANTEE STAMP	DATE	