SYSTEMATIC PURCHASE/WITHDRAWAL FORM



This **Systematic Purchase/Withdrawal Form** is used to move money between your bank account and your mutual fund account via ACH on a scheduled basis. If you have any questions regarding this form, please call Shareholder Services at 1-800-400-MIDAS (6432).

PART I: INVESTO	R INFORMATION (*D	enotes Requi	red Informat	ion)			
Owner's Name* (Fi	Owner's Name* (First, M.I., Last)		Date of Birth*		Social Security Number*		
Street Address (Physic	al Address)* A	partment #	City*		State*	Zip Code*	_
Mailing Address (if different from above)		City		State	Zip Code	_	
Daytime Phone*	Evening	Phone		Existing Ac	count Number*	-	
Note: You must be a U	J.S. citizen with a U.S. mai	ling address.					
PART II: SYSTEM	IATIC INVESTMENT/	WITHDRAV	VAL PROGI	RAMS			
(Automated Clearing H	and Systematic Withdrawa House) on a scheduled basis ner account restrictions.						
I AM INTERESTED I	N SIGNING UP FOR:						
☐ SYSTEMATIC INV	VESTMENT PROGRAM						
☐ SYSTEMATIC WI	THDRAWAL PROGRAM	I TO ADDRE	SS OF RECO	RD			
☐ SYSTEMATIC WI	THDRAWAL PROGRAM	I VIA ACH					
I authorize the Midas F	Funds to initiate investment	ts into or with	drawals from	my mutual fund	d account in eac	ch of the follow	ving months:
☐ Annually	Semi-Annually	☐ Quarterly	у 🗆	Bi-Weekly	☐ Spe	ecific Months	(specify):
☐ January ☐ July	☐ February ☐ August	☐ March ☐ Septemb	er [April October	☐ Ma ☐ No	y vember	☐ June ☐ December
Fund		Aı	mount \$		Day of l	Month (1st, 15t	^h , etc.)
*Redemption proceeds	of fund shares purchased	via ACH mav	not be availab	ole for a period	of fifteen (15)	calendar days.	Please provide all of

your bank account information AND attach a voided check or deposit slip where requested in Part III.

PART III: BANK ACCOUNT INFORMATION

ank Name			ABA number (if known)		
ank Address					
ty			State	Zip Code	
ame(s) on Ba	nk Account		Bank Accou	nt Number	
ame(s) on Ba	nk Account				
ease attach o	ne voided check or deposit ticket.	☐ Checking ☐ Savings			
	John and Jane Doe 123 Any Street Anytown, USA 12345	Date		1003	
	PAY TO THE ORDER OF	Tape your voided check or preprin	ated \$		
		deposit slip here.		DOLLARS	
	BANK NAME BANK ADDRESS	Please do <u>not</u> use staples to attach	it.		
	MEMO				

PART IV: SIGNATURE

The completion of this section is REQUIRED.

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Funds as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Funds; and (c) I have received a current Prospectus of the Funds and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) 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).

Certification Instructions. You must 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Funds, for more information).

You must be a U.S. citizen with a U.S. mailing address. Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are required to furnish corporate resolutions or similar documents providing evidence that they are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing in the space provided below). In addition, signatures of representatives or fiduciaries of corporations and other entities must be accompanied by a New Technology signature guarantee by a commercial bank that is a member of the Federal Deposit Insurance Corporation, a trust company or a member of a national securities exchange.

X		X	
Shareholder, Custodian, Trustee, or Authorized Officer	Date	Shareholder, Custodian, Trustee, or Authorized Officer	Date
X		X	
Shareholder, Custodian, Trustee, or Authorized Officer	Date	Shareholder, Custodian, Trustee, or Authorized Officer	Date

PART V: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

The completion of this section is REQUIRED.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- · Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.

NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

MAILING INSTRUCTIONS

Please send completed form to: <u>Regular Mail Delivery</u>
Midas Funds
Box 46707
Cincinnati, OH 45246-0707

<u>Overnight Delivery</u> Midas Funds 225 Pictoria Drive, Suite 450 Cincinnati, OH 45246