

MIDAS FUNDS ACCOUNT APPLICATION for CORPORATIONS, PARTNERSHIPS, TRUSTS and OTHER ORGANIZATIONS

Just Click, Type and Print!

- 1. Registration.** Enter the organization name, the ticker symbol (if publicly traded), Taxpayer Identification Number, and address. Next, please attach a copy of one of the following documents: Charter, Articles of Incorporation, Trust Instrument, Articles of Association, Letters of Incumbency from the state, or Letters of Good Standing from the state of incorporation. In addition, please supply resolutions or by-laws that specify the person[s] authorized to act on behalf of the organization. These items must be certified within the last 60 days.
- 2. Choose Fund(s) and amount invested.** Indicate the Fund(s) to be invested in. The opening minimum is \$1,000 per Fund and the minimum subsequent investment is \$100.
- 3. Distributions.** Dividends and distributions will be reinvested in additional shares of the Fund unless Midas is instructed otherwise.
- 4. Shareholder Communications.** Check the preferred method of shareholder communications. Electronic communications will be sent to the first signatory e-mail address provided in Section 6.
- 5. The Midas Touch®.** All shareholders can access their account 24 hours a day, every day, at www.Midas-Funds.com and by automated telephone response at 1-800-400-MIDAS (6432). Only with **The Midas Touch®** can you manage your account by purchasing or redeeming Fund shares using Electronic Funds Transfer, initiate Fund to Fund transfers between the three Midas Funds, and perform transactions through a Shareholder Services Representative.

To access these features, please indicate your bank routing and account numbers or attach a voided check.

- 6. Signatories.** Each person authorized to transact on the account must sign the Application.

Enter the residential address for each signatory. P.O. Boxes and organization addresses are not accepted. Signatories who are non-U.S.-citizens residing in the U.S. will be required to attach a Form W-8 BEN which can be obtained by from the IRS website at www.irs.gov or calling 1-800-829-3676.

**Please call a Shareholder Service Representative at 1-800-400-MIDAS (6432)
between 8 a.m. and 6 p.m., ET,
for assistance in completing the Application.**

To Invest By Mail. Mail the completed Application and the organization's check to Midas Funds, Box 46707, Cincinnati, OH 45246-0707. *Checks must be payable to Midas Funds in U.S. dollars.* Third party checks and money orders cannot be accepted. A fee will be charged for any check that does not clear.

To Invest By Wire. Before the wired funds can be accepted, Midas needs to receive an Application, the name of the bank sending the wire, and the amount to be wired.

First, fax the completed Application and a copy of the documentation which specifies the authorized signatories to 1-877-513-0756, Attn: Midas Funds.

Second, call 1-800-400-MIDAS (6432) between 8 a.m. and 6 p.m., ET, on business days to speak with a Shareholder Service Representative, who will assign an account number and provide wiring address information. The name(s) on the wire must be the same as on the Application. Send the wire. This service is not available on days when the Federal Reserve wire system is closed.

Third, fill in the account number and the date the wire was sent in Section 2 of the Application.

Finally, promptly mail the Application and the documentation to:

Regular Mail Delivery

Midas Funds
Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery

Midas Funds
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246



ACCOUNT APPLICATION

Mail the completed Application, supporting documents and check payable to Midas Funds to:

Midas Funds, Box 46707, Cincinnati, OH 45246-0707

Overnight Address:
Midas Funds, 225 Pictoria Drive, Suite 450, Cincinnati, OH 45246

IMPORTANT: In accordance with the USA Patriot Act, we are required to obtain, verify, and record information that identifies each person who is a signatory to an account.

WHAT THIS MEANS FOR YOU: Please provide, via regular mail, one of the following documents: Charter, Articles of Incorporation, Trust Instrument, Articles of Association, Letters of Incumbency from the state, or Letters of Good Standing from the state of incorporation. In addition, please supply resolutions or bylaws that specify the person[s] authorized to act on behalf of the organization. These items must be certified within the last 60 days.

1. Corporations, Partnerships, Trusts, Others: Please see above for required documentation.
Name of Corporation, Partnership, Trust, or Other Organization. If a publicly traded, provide symbol and exchange.) Tax ID Number

Mailing Address and Telephone Number

Street	City	State / Zip	Daytime Telephone
PLEASE TELL US HOW YOU HEARD ABOUT MIDAS:			

2. Fund(s) chosen and amount invested (\$1,000 minimum per Fund)

Midas Fund	Midas Magic	TOTAL
\$	+	\$
	=	\$

By Check: Please draw the check to the order of **Midas Funds** and enclose with this Application. **Third party checks and money orders are not accepted.**

By Wire: Please fax the completed Application to 1-877-513-0756 with the name of the bank and amount to be wired before making an initial investment by wire. An account number will then be assigned and wiring address provided. Enter the account number and wire date below and mail this Application.

Bank name: _____, account number: _____, date wire sent: _____.

3. Distributions If no box is checked, the Automatic Compounding Option will be assigned to increase the shares owned.

- Automatic Compounding Option** Dividends and distributions reinvested in additional shares.
- Payment Option** Dividends in cash, distributions reinvested. Dividends and distributions in cash.

4. Shareholder Communications I prefer Midas Funds to provide shareholder communications:
 Electronically (e-mail) Via paper (U.S. Mail)

We understand that we may discontinue and/or choose another method of shareholder communications at any time. Electronic communications will be sent to the first e-mail address provided in Section 6.

5. Midas Shareholder Services

The Midas Touch® Enjoy enhanced account access to initiate and perform transactions online or by telephone.

You may decline redemptions by telephone by checking this box. You will still enjoy enhanced online privileges.

To register for **The Midas Touch**®, add your bank routing and account numbers, or tape a voided check, below.

John and Jane Doe 123 Main Street MyTown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	\$ <input type="text"/>	
		_____ DOLLARS
BANK NAME BANK ADDRESS MEMO _____		

6. Signature and Certification to Avoid Backup Withholding

"I certify that I have received and read the prospectus for the Midas Funds, agree to its terms, and have the legal capacity to purchase their shares. I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of Fund shares. I acknowledge receipt of the Fund's privacy policy notice. I understand telephone conversations with representatives of the transfer agent and other Midas representatives (collectively "Service Agents") are recorded and hereby consent to such recording. I agree that the Service Agents will not be liable for acting on instructions believed genuine and under reasonable procedures designed to prevent unauthorized transactions. I certify (1) the Social Security or taxpayer identification number provided above is correct, (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding, or (c) I have been notified by the IRS that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien)." (Please cross out item 2 if it does not apply to you.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Authorized Signatory #1

Name	Signature	Home Telephone	
Residential Street (P.O. Boxes are not accepted)	City	State / Zip	Daytime Telephone
Citizen of <input type="checkbox"/> U.S. <input type="checkbox"/> Other:			
	E-mail Address	Date of Birth	Social Security Number

Authorized Signatory #2

Name	Signature	Home Telephone	
Residential Street (P.O. Boxes are not accepted)	City	State / Zip	Daytime Telephone
Citizen of <input type="checkbox"/> U.S. <input type="checkbox"/> Other:			
	E-mail Address	Date of Birth	Social Security Number

Authorized Signatory #3

Name	Signature	Home Telephone	
Residential Street (P.O. Boxes are not accepted)	City	State / Zip	Daytime Telephone
Citizen of <input type="checkbox"/> U.S. <input type="checkbox"/> Other:			
	E-mail Address	Date of Birth	Social Security Number

If there are additional signatories on this account, please provide the necessary information on a separate sheet of paper.