

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

- 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 at www.MidasFunds.com 24 hours a day, every day, 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 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. Must be a U.S. person with a U.S. mailing address. P.O. Boxes and organization addresses are not accepted.

**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.**

- 7. Certification.** To help the government fight financial crime, Federal regulation requires certain financial institutions, including mutual funds, to obtain, verify, and record information about the beneficial owners of legal entity customers.

Please complete the section entitled "Certification Regarding Beneficial Owners of Legal Entity Customers" if the account is to be established on behalf of a legal entity, which includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

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
\$ <input style="width: 80%;" type="text"/>		\$ <input style="width: 80%;" type="text"/>		\$ <input style="width: 80%;" type="text"/>

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.

ACCOUNT STATEMENTS AND OTHER MATERIALS. There is no charge for shareholders to receive account statements, confirmations, and tax forms electronically (i.e., by e-delivery). You can make your e-delivery election by visiting www.midasfunds.com and logging in to your The Midas Touch® account. With The Midas Touch, you receive 24/7 access to view your account statements, confirmations, and tax forms. If you elect to receive these materials in paper by mail, your account may be charged a \$20 account service fee to cover printing, mailing, postage, handling, and related charges. The account service fee may be applied to both retirement and nonretirement Fund accounts and may be assessed on Fund accounts regardless of the account minimum. The fee, which will be collected by redeeming Fund shares in the amount of \$20, will be deducted from Fund accounts subject to the fee once per calendar year.

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	1003
	Date _____
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
	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

Authorized Signatory #3

	E-mail Address	Date of Birth	Social Security Number
Name	Signature		Home Telephone
Residential Street (P.O. Boxes are not accepted)	City	State / Zip	Daytime Telephone
	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.

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Certification Regarding Beneficial Owners of Legal Entity Customers

I. GENERAL INSTRUCTIONS/DEFINITIONS

In compliance with the Customer Due Diligence requirements issued by the Financial Crimes Enforcement Network (FinCEN), financial institutions must identify and verify the identity of the beneficial owners of all legal entity customers.

This form must be completed by the person opening a new account on behalf of a legal entity customer. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by filing a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening account on their own behalf.

This form requires you provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. Persons) for the following individuals (*i.e.*, the beneficial owners):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (*e.g.*, each natural person that owns 25 percent or more of the shares of a corporation);

and

(ii) An individual with significant responsibility for managing the legal entity customer (*e.g.*, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. **Regardless of the number of individuals identified in section (i), you must provide the identifying information of one individual under section (ii).** It is possible that in some circumstances the same individual might be identified under both sections (*e.g.*, the President of ACME, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (*i.e.*, one individual under section (ii) and four 25 percent equity holders under section (i)).

Financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

b. Name, Type (select below), and Address of Legal Entity for Which the Account is Being Opened:

- Corporation

 Limited Liability Company

 Limited Partnership
 General Partnership

 Business Trust
 Other entity created by filing with a state office

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of Birth	Address (Residential or Business Street Address)	<i>For U.S. Persons:</i> Social Security Number	<i>For Non-U.S. Persons:</i> Social Security Number, Passport Number and Country of Issuance, or other similar identification number

(If no individual meets this definition, please write, "Not Applicable")

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

Name	Date of Birth	Address (Residential or Business Street Address)	<i>For U.S. Persons:</i> Social Security Number	<i>For Non-U.S. Persons:</i> Social Security Number, Passport Number and Country of Issuance, or other similar identification number

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____

Date: _____