

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).

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.

PART I: INVESTOR INFORMATION (*Denotes Required Information)

Owner's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Street Address (Physical Address)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different from above) _____ City _____ State _____ Zip Code _____

Daytime Phone* _____ Evening Phone _____ Existing Account Number* _____

Note: You must be a U.S. citizen with a U.S. mailing address.

PART II: SYSTEMATIC INVESTMENT/WITHDRAWAL PROGRAMS

Systematic Investment and Systematic Withdrawal allow you to move money between your bank account and your mutual fund account via ACH (Automated Clearing House) on a scheduled basis. Systematic Investment Program must be established with a \$100 minimum. Please refer to your prospectus for other account restrictions.

I AM INTERESTED IN SIGNING UP FOR:

- SYSTEMATIC INVESTMENT PROGRAM
- SYSTEMATIC WITHDRAWAL PROGRAM TO ADDRESS OF RECORD
- SYSTEMATIC WITHDRAWAL PROGRAM VIA ACH

I authorize the Midas Funds to initiate investments into or withdrawals from my mutual fund account in each of the following months:

- | | | | | |
|-----------------------------------|--|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Annually | <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Specific Months (specify): |
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> June |
| | | | | <input type="checkbox"/> November |
| | | | | <input type="checkbox"/> December |

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

*Redemption proceeds of fund shares purchased via ACH may not be available 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

Bank Name _____

ABA number (if known) _____

Bank Address _____

City _____

State _____

Zip Code _____

Name(s) on Bank Account _____

Bank Account Number _____

Name(s) on Bank Account _____

Note: At least one name on the bank account must match the named shareholder.

Please attach one 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 preprinted deposit slip here. Please do <u>not</u> use staples to attach it.	\$ _____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		
0: 123456789: 00 123456789 00 : 1003		

THE MIDAS TOUCH - All Midas shareholders can access account information 24 hours a day, every day, at www.MidasFunds.com and 1-800-400-MIDAS (6432). With THE MIDAS TOUCH®, you can also manage your account by purchasing or redeeming Fund shares with the proceeds from and to your bank account, transfer between the Midas Funds, and perform telephone transactions through a Shareholder Services Representative. To participate in the Midas Systematic Investment Program or to get THE MIDAS TOUCH, please attach a voided check.

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

 Shareholder, Custodian, Trustee, or Authorized Officer Date

X

 Shareholder, Custodian, Trustee, or Authorized Officer Date

X

 Shareholder, Custodian, Trustee, or Authorized Officer Date

X

 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.



MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Midas Funds
 Box 46707
 Cincinnati, OH 45246-0707

Overnight Delivery

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

Fax: 1-877-513-0756

PART VI: STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. The Fund, or its agent, retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change in your address.