

SIMPLE IRA APPLICATION



Use this SIMPLE IRA Application to open a SIMPLE IRA.

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU: When you open an account, we will ask for your name, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, 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)

DEPOSITOR'S INFORMATION

Depositor'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 _____

Note: Must be a U.S. citizen with a U.S. mailing address.

EMPLOYER'S INFORMATION

Employer's Name* (First, M.I., Last) _____ Name of Contact* _____ Employer Identification Number* _____

Mailing Address* _____ Suite # _____ City* _____ State* _____ Zip Code* _____

Daytime Phone* _____

PART II: CONTRIBUTION INFORMATION

Source of Funds (Select One):

Elective Deferral	Amount: _____	Tax Year: _____
Employer Match Contribution	Amount: _____	Tax Year: _____
Employer Non-Elective Contribution	Amount: _____	Tax Year: _____
Direct Transfer	(Note: Select this option only if you are transferring assets from another SIMPLE IRA)	
Rollover	(Note: Select this option only if you are rolling over assets from another SIMPLE IRA)	
Recharacterization	Amount: _____	Tax Year: _____
Other	Explain: _____	

Important: Contributions made to your Simple IRA will be for the current tax year unless you specify prior year.

Note: The Fund's initial investment minimum is \$1,000 or if systematic investment plan of \$100 or more is established minimum will be waived.

PART III: INVESTMENT SELECTION

Name of Investment	Share Class	Allocation
1. Midas Magic	NA	\$ _____ or _____ %
2. Midas Fund	NA	\$ _____ or _____ %
		TOTAL: \$ _____ or _____ %

PART IV: BENEFICIARY DESIGNATION

Designate beneficiaries below. If the Primary or Contingent status is not indicated, the individual or entity will be considered a Primary beneficiary. After your death, your SIMPLE IRA assets will be distributed in equal shares (unless indicated otherwise) to the Primary beneficiaries who survive you. If no Primary beneficiaries are living when you die, your SIMPLE IRA assets will be distributed in equal shares (unless otherwise indicated) to the Contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Trustee/Custodian.

Type:	Primary	Contingent	Share Percentage: _____ %	Relationship to IRA Owner:	spouse	non-spouse
Name:	_____		Date of Birth:	_____		
Residence Address: _____						
Type:	Primary	Contingent	Share Percentage: _____ %	Relationship to IRA Owner:	spouse	non-spouse
Name:	_____		Date of Birth:	_____		
Residence Address: _____						
Type:	Primary	Contingent	Share Percentage: _____ %	Relationship to IRA Owner:	spouse	non-spouse
Name:	_____		Date of Birth:	_____		
Residence Address: _____						

PART IV: BENEFICIARY DESIGNATION-CONTINUED

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse non-spouse

Name: _____ Date of Birth: _____

Residence Address: _____

Addendum attached and signed for additional beneficiaries.

To name a Trust as your beneficiary, attach a copy of the Trust Agreement to this form. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet. You may change your beneficiaries at any time by sending written instructions to the Trustee/Custodian.

PART V: SPOUSAL CONSENT

Complete this section only if you, the SIMPLE IRA owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as Primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the SIMPLE IRA owner and agree with and consent to my spouse's designation of a Primary beneficiary other than, or in addition to, me. I understand that with my consent I transfer my community property interest in this SIMPLE IRA to my spouse as his or her separate property. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Trustee/Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X _____ Date: _____

Witness:

X _____ Date: _____

PART VI: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

PART VII: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

- By Check** Enclose a check payable to Midas Funds for the total amount.
- By Wire** For wire instructions call Shareholder Services at 1-800-400-MIDAS (6432).
- Transfer** Funds will be transferred directly from another SIMPLE IRA.
If a direct transfer, please also complete and attach the IRA Transfer Request Form.
- From Employer** Contributions will be forthcoming from my employer.

(Third party checks, money orders, counter checks, starter checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable. ACH/EFT cannot be used for an initial purchase of Fund shares unless the account is opened online.)

PART VIII: ACKNOWLEDGEMENT (Note: This Application will not be processed unless signed below by the IRA Owner.)

By signing this SIMPLE IRA Application, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have read and received copies of this SIMPLE IRA Application, the applicable IRS Form 5305, and the Financial Disclosure, including the applicable fee schedule, for the type of SIMPLE IRA I am opening as indicated above. I agree to be bound to their terms
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and conditions. I understand that I am responsible for the SIMPLE IRA transaction I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carry-back" contributions, I understand the contributions will be credited for the prior tax year. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of SIMPLE IRA Owner:

X _____ Date: _____

PART IX: FOR DEALER USE ONLY

Financial Institution Name

Representative's Full Name

Address

Representative's Branch Office Telephone Number

City

State Zip Code

Dealer Number

Branch Number

Representative Number

X _____
Representative's Signature

X _____
Supervisor's Signature

MAILING INSTRUCTIONS

Please send completed application 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 XI: 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.