Coverdell Education Savings IRA Application

IMPORTANT INFORMATION FOR OPENING YOUR ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions 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, address, date of birth, social security number and other information or documents that will allow us to identify you. This information will be subject to verification.

By signing and submitting this application, you give the U.S. Global Investors Funds (the "Funds") and its agents permission to collect information about you from third parties, including information available in public and private databases such as consumer reports from credit reporting agencies, which will be used to help verify your identity.

If you do not provide the information, we may not be able to open your account. If we open your account but are unable to verify your identity, we reserve the right to take such other steps as we deem reasonable, including closing your account and redeeming your investment at the net asset value next calculated after the Funds decide to close your account. Please see the Funds' Statement of Additional Information for further information.

1. YOUR INITIAL INVESTMENT

Select one or more fund. The minimum initial investment for each fund is $5,000 or $1,000 with a Systematic Investment Plan.

- ❑ All American Equity Fund $ ____________________
- ❑ Emerging Europe Fund $ ____________________
- ❑ Gold and Precious Metals Fund $ ____________________
- ❑ Near-Term Tax Free Fund $ ____________________
- ❑ U.S. Government Securities Ultra-Short Bond Fund $ ____________________
- ❑ China Region Fund $ ____________________
- ❑ Global Resources Fund $ ____________________
- ❑ Holmes Macro Trends Fund $ ____________________
- ❑ World Precious Minerals Fund $ ____________________

Choose the Source of Funds:

- ❑ Check: I have enclosed a check in the amount of $ _________________________ (make check payable to "U.S. Global Investors Funds").
- ❑ Wire: My wire will be in the amount of $ _________________________ (call 1-8 00-873-8637 for wire instructions).
- ❑ ACH: Please deduct $ _________________________ from my bank account. **You must complete Section 5 / maximum amount is $25,000.**
- ❑ Transfer (you are transferring assets directly from your IRA at another institution). **You must also complete the IRA Asset Transfer Form.**

Choose Characterization of Contribution (skip this section if performing a transfer):

- ❑ Prior Year Contribution $____________________ (must be postmarked by the IRS tax filing deadline).
- ❑ Current Year Contribution $____________________
- ❑ Qualified Plan Rollover (you are contributing assets distributed to you from a qualified retirement plan or from another IRA).

Payment of Annual $20.00 Custodial Fee:

- ❑ I have enclosed $20.00 for the Annual Custodial Fee (make check payable to "U.S. Global Investors Funds").
- ❑ Please deduct the $20.00 Annual Custodial Fee directly from my IRA.

All investments must be made by check, ACH or wire. All checks must be payable in U.S. dollars and drawn on U.S. financial institutions. The Fund does not accept purchases made by credit card check, starter check, cash or cash equivalents (for instance, you may not pay by money order, cashier's check for $10,000 or less, bank draft or traveler's check).

2. YOUR IRA REGISTRATION (Please Print)

Designated Beneficiary Name	Birth Date	Social Security Number	
Physical Street Address (required)	City	State	ZIP Code
Responsible Party Name	Birth Date	Social Security Number	
Physical Street Address (required)	City	State	ZIP Code
Mailing Address (if different from your street address)	City	State	ZIP Code
E-Mail	Telephone (day)	Telephone (evening)	

The following 2 options will be added to your account. If you do not want these options, check the boxes below.

1. The responsible party wishes to continue to control the account after the account holder attains age of majority in his/her state in accordance with the terms described in the Custodial Account Agreement for Coverdell Education Savings Accounts.

❑ The responsible party does not wish to control the account after age of majority.

2. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in the Custodial Account Agreement for Coverdell Education Savings Accounts.

❑ The responsible party may not change the beneficiary.

3. DEALER INFORMATION (For Broker/Dealer Use Only)

Dealer Firm Name		Dealer Firm Number		
Branch Address	Branch Number	City	State	ZIP Code
Financial Advisor Name	Financial Advisor Number		Financial Advisor Authorized Signature	

4. TELEPHONE AUTHORIZATION

Unless telephone exchanges and/or redemptions are declined below, I (we) hereby authorize and direct the Transfer Agent to accept and act upon telephone instructions involving an account with a corresponding registration. I (we) also agree that neither the Funds nor the Transfer Agent will be liable for any loss, cost or expense for acting upon any telephone instructions if it follows reasonable procedures in order to verify that telephone requests are genuine.

❑ I (We) **DO NOT** authorize telephone exchanges.

❑ I (We) **DO NOT** authorize telephone redemptions.

5. BANK ACCOUNT INFORMATION (Optional)

Check type of account (please attach a voided check or deposit slip): ❑ *Checking Account* ❑ *Savings Account*

Name of Bank	ABA Routing Number	Account Number	
Bank Address	City	State	ZIP Code
Registration on Bank Account			
Bank Account Owner(s) Address (if different from address in section 2)	City	State	ZIP Code

6. SYSTEMATIC INVESTMENT PLAN (Optional)

❑ Systematic Investment Plan - You must complete Section 5. $100 minimum per occurrence, not to exceed $25,000 per day

Frequency: ❑ Monthly ❑ Semi-Monthly ❑ Quarterly ❑ Annually

❑ All American Equity Fund	$ ____________	Start on ________ month and begin on ________ day.
❑ China Region Fund	$ ____________	Start on ________ month and begin on ________ day.
❑ Emerging Europe Fund	$ ____________	Start on ________ month and begin on ________ day.
❑ Global Resources Fund	$ ____________	Start on ________ month and begin on ________ day.
❑ Gold and Precious Metals Fund	$ ____________	Start on ________ month and begin on ________ day.
❑ World Precious Minerals Fund	$ ____________	Start on ________ month and begin on ________ day.
❑ Holmes Macro Trends Fund	$ ____________	Start on ________ month and begin on ________ day.
❑ Near-Term Tax Free Fund	$ ____________	Start on ________ month and begin on ________ day.
❑ U.S. Government Securities Ultra-Short Bond Fund	$ ____________	Start on ________ month and begin on ________ day.

Please note: If the day chosen falls on a weekend or holiday, your investment will occur on the next business day. This privilege will be effective 3 business days after the Fund receives this application.

7. BENEFICIARY DESIGNATION (Attach Additional Sheets If Necessary)

I hereby designate the following Primary Beneficiary(ies) to receive my interest in this IRA in case of my death (you may name one or more persons as your primary beneficiary). Unless otherwise designated, beneficiaries will share equally.

❑ **Primary Beneficiaries:**

____

Beneficiary Name Birth Date Social Security Number

____

Physical Street Address City State ZIP Code

____

Relationship Percentage

____

Beneficiary Name Birth Date Social Security Number

____

Physical Street Address City State ZIP Code

____

Relationship Percentage

If none of the above Primary Beneficiaries are living on the date of my death, I hereby designate the following Secondary Beneficiary(ies) to receive my interest in this IRA in case of my death.

❑ **Contingent Beneficiaries:**

____

Beneficiary Name Birth Date Social Security Number

____

Physical Street Address City State ZIP Code

____

Relationship Percentage

7. BENEFICIARY DESIGNATION (Continued)

____

Beneficiary Name Birth Date Social Security Number

____

Physical Street Address City State ZIP Code

____

Relationship Percentage

Please note: Shareholders are advised to check the requirements of state law concerning spousal beneficiary rights. Beneficiaries may be changed at any time by completing a change of beneficiary form.

8. DUPLICATE STATEMENT MAILING ADDRESS (Optional)

____

Name

____

Mailing Address City State ZIP Code

9. SIGNATURE AND TAX CERTIFICATIONS

The Depositor acknowledges having received, read and agrees to be bound by the terms, as may be amended from time to time, of the Fund's Coverdell IRA Plan Agreement & Disclosure and the relevant Fund Prospectus. Under penalties of perjury, the Depositor certifies that the Social Security Number on this form is true, correct and complete and that I am a U.S. person (including a U.S. resident alien). I understand that the Custodian will deduct from my account or collect separately an Annual Custodial Fee of $20.00 for each account.

By my signature below, I certify that:

(1) I am not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity;

and

(2) The information provided by me in this application is true and correct and any documents provided herewith are genuine.

____

Signature *Date*

10. MAILING INSTRUCTIONS AND CONTACT INFORMATION

Please send the completed application to:

Regular Mail Delivery

U.S. Global Investors Funds
P.O. Box 588
Portland, ME 04112

Overnight Mail Delivery

U.S. Global Investors Funds
c/o Atlantic Fund Services
Three Canal Plaza, Ground Floor
Portland, ME 04101

If you have any questions, please call 1-800-873-8637 (toll-free)