IRA Application

Investor Class

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 1-800-873-8637 for wire instructions).
- ❑ ACH: Please deduct $ ________________________ from my bank account. **You must complete Section 6 / 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)

An application cannot be processed if it attempts to establish more than one IRA. You must complete a separate application for each IRA you wish to establish. **Please read the Fund's Traditional and Roth IRA Plan Agreement & Disclosure for information to help determine the appropriate type of IRA for your account or consult a qualified tax professional.**

Type of IRA (select one): ❑ Traditional IRA ❑ Qualified Plan Rollover ❑ Roth IRA ❑ SEP IRA ❑ SIMPLE IRA

❑ Beneficiary IRA (Please provide Decedent's name, year of birth, and year of death.) ____________________

Your 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)

3. SIMPLE IRA PLANS ONLY

Employer/Company Name | Employer Contact Name | Employer Contact Business Telephone

Physical Street Address (required) | City | State | ZIP Code

4. 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

5. 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.

6. 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

7. SYSTEMATIC INVESTMENT PLAN (Optional)

❑ Systematic Investment Plan - You must complete Section 6. $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.

8. 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

8. 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.

9. DUPLICATE STATEMENT MAILING ADDRESS (Optional)

____

Name

____

Mailing Address | City | State | ZIP Code

10. TAX WITHHOLDING ELECTION (Substitute Form W-4P (OMB No. 1545-0074))

Please indicate the amount you would like to have withheld from your distribution. The law requires that federal and, in certain states, state income tax be withheld from your IRA distribution, unless you elect that withholding does not apply by checking the boxes below. If you elect not to have withholding apply to your distribution, you may be responsible for the payment of estimated taxes. **Note: You may wish to consult your tax advisor before waiving withholding as you may incur penalties for not paying enough tax during the year.**

A. Federal Income Tax Withholding Election

- ❑ I do not want Federal Income Tax withheld from my distribution proceeds
- ❑ I would like Federal Income Tax withheld from my distribution proceeds
  - ❑ Withhold 10%
  - ❑ Withhold _______% (must be a whole number)

B. State Income Tax Withholding Election (not available for all states)

- ❑ I do not want State Income Tax withheld from my distribution proceeds
- ❑ I would like State Income Tax withheld from my distribution proceeds
  - ❑ Withhold using my state's standard tax rate
  - ❑ Withhold _______% (must be a whole number and at least your state's minimum tax rate)

If no election is made, federal (10%) and possibly state income tax will be withheld. State income tax withholding may be required if you have elected to have federal income tax withheld. Your elections will remain in effect for all distributions until you revoke them. You may revoke the elections at any time by completing and returning a new Federal W-4P and/or state equivalent election form.

11. 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 Traditional and Roth 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*

12. MAILING INSTRUCTIONS AND CONTACT INFORMATION

Please send the completed application to:

Regular Mail Delivery	**Overnight Mail Delivery**
U.S. Global Investors Funds P.O. Box 588 Portland, ME 04112	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)