



# Account Application Institutional 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 \$1,000,000.

Global Resources Fund \$ \_\_\_\_\_

World Precious Minerals Fund \$ \_\_\_\_\_

Choose the payment method:

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).

Your initial investment must be made by check or wire. Subsequent investments may be made by check, ACH or wire. All checks must be payable in U.S. dollars and drawn on U.S. financial institutions. The Funds do 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 ACCOUNT TYPE

Please input the Social Security Number or Tax Identification Number under which the account will be reported to the IRS:

Social Security Number \_\_\_\_\_ or  Taxpayer Identification Number \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

(use Minor's SSN if UTMA/UGMA selected below)

Please select only one account type below:

Individual

Uniform Transfer/Gift to Minor (UTMA/UGMA)

State of residence of Minor \_\_\_\_\_

Joint Account (select one below):

Rights of Survivorship (default option)

Tenants in Common (default option in Louisiana)

Tenants by Entirety

Community Property

Trust (first and signature pages of the Trust Instrument required)

Corporation, LLC, or Partnership (select one below):

S Corporation (certified articles of incorporation required)

C Corporation (certified articles of incorporation required)

Partnership (partnership agreement required)

Other (please include additional documentation to verify entity)

Describe entity \_\_\_\_\_

### 3. YOUR ACCOUNT INFORMATION

Full Name of Shareholder, Custodian, Primary Joint Owner, Trust, Partnership, Corporation or Other Entity

Date of Birth or Date of Trust

Social Security Number of Custodian (if UTMA/UGMA selected above)

Full Name of Joint Owner, Minor, Trustee, Partner or Officer of Corporation, if applicable

Date of Birth of Joint Owner, Minor, Partner or Trustee, if applicable

Social Security Number of Joint Owner, Partner or Trustee, if applicable

Full Name of Joint Owner, Trustee, Partner or Officer of Corporation, if applicable

Date of Birth of Joint Owner, Trustee, or Partner, if applicable

Social Security Number of Joint Owner or Trustee, if applicable

*\* If needed, please attach a separate list for additional investors, trustees, authorized traders, and general partners of a partnership, including full name, social security number, home street address, and date of birth.*

### 4. YOUR MAILING/RESIDENCY ADDRESS

**Please provide your physical street address:**

Street Address and Apartment Number

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-Mail Address

**Please provide your mailing address** (if different from your physical street address):

Mailing Address

City

State

Zip Code

### 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 for exchanges and/or redemptions 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. DUPLICATE MAILING ADDRESS (Optional)

Only complete below if you would like duplicate copies of your statements and transaction confirmations mailed to another party.

Name

Street Address and Apartment Number

City

State

Zip Code

## 7. INCOME AND CAPITAL GAIN DISTRIBUTION PAYMENT OPTIONS

- Full Reinvestment: Reinvest all income and capital gain distributions when paid.
- Capital Gain Reinvestment: Reinvest capital gain distributions when paid; pay income in cash.
- Income Reinvestment: Reinvest income when paid; pay capital gain distributions in cash.
- Cash: Pay all income and capital gain distributions in cash.
  - Send cash payments by check mailed to the address of record.
  - Send cash payments by Electronic Funds Transfer according to the banking instructions listed in Section 11.

Please note that if none of the boxes are checked, shareholders are assigned the Full Reinvestment option.

## 8. COST BASIS ACCOUNTING METHOD ELECTION

In order to provide you and the IRS with accurate cost basis information for your covered shares, please elect one of the methods below. If you do not select a method the account(s) will default to Average Cost.

- Average Cost - averages the cost of all shares
- First-In, First-Out – oldest shares sold first
- Last-In, First-Out – newest shares sold first
- Highest Cost, First-Out – highest cost shares sold first
- Lowest Cost, First-Out – lowest cost shares sold first
- Highest Cost, First-Out Short Term Shares – shares with the highest short term cost sold first
- Lowest Cost, First-Out Short Term Shares – shares with the lowest short term cost sold first
- Highest Cost, First-Out Long Term Shares – shares with the highest long term cost sold first
- Lowest Cost, First-Out Long Term Shares – shares with the lowest long term cost sold first
- Specific Lot Identification – identify the specific lot of shares sold

## 9. SYSTEMATIC INVESTMENT PLAN (Optional)

- Systematic Investment Plan (you must complete Section 11). Not to exceed \$25,000 per day.
  - Frequency:  Monthly  Semi-Monthly  Quarterly  Annually
  - Global Resources Fund \$ \_\_\_\_\_ Start on \_\_\_\_\_ month and begin on \_\_\_\_\_ day.
  - World Precious Minerals 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.

## 10. SYSTEMATIC WITHDRAWAL PLAN (Optional)

- Systematic Withdrawal Plan
  - Redeem as:  Check to the address of record.  Electronic Funds Transfer to the banking instructions listed in Section 11.
  - Frequency:  Monthly  Quarterly  Annually
  - Global Resources Fund \$ \_\_\_\_\_ Start on \_\_\_\_\_ month and begin on \_\_\_\_\_ day.
  - World Precious Minerals Fund \$ \_\_\_\_\_ Start on \_\_\_\_\_ month and begin on \_\_\_\_\_ day.

Please note that if the day chosen falls on a weekend or holiday, your withdrawal will occur on the next business day. If you elected Specific Lot Identification as your cost basis election in Section 7, your Systematic Withdrawal Plan will deplete shares using the First-In, First-Out method.

## 11. BANK ACCOUNT INFORMATION (Optional)

Check type of account (please attach a voided check):  *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 4) City State ZIP Code

## 12. DEALER INFORMATION (For Broker/Dealer use only)

Dealer Firm Name Dealer Firm Number

Financial Advisor Name Financial Advisor Number

Financial Advisor's Telephone Number Branch Number

## 13. SIGNATURE AND TAX CERTIFICATIONS

I am of legal age in the state of my residence and wish to purchase shares of the Fund(s) as described in the current Fund's Prospectus. By executing this Account Application, the undersigned represents and warrants that I have full right, power, and authority to make this investment and the undersigned is duly authorized to sign this Account Application and to purchase or redeem shares of the Fund(s) on behalf of the Investor.

Please note that your property may be transferred to the state of your last known address if no activity occurs in your account within the time period specified by that state's law.

Under the penalties of perjury, I certify that (1) the number shown on this form is my correct social security/taxpayer identification number (or I am waiting for a number to be issued to me), (2) that I have not been notified by the Internal Revenue Service ("IRS") that I am 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 for failure to report all dividend and interest income; or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (either a U.S. citizen or resident alien).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:

- (1) The investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and
- (2) I have received and read the Fund's prospectus and agree to the terms and conditions therein; and
- (3) The information provided by the investor within this application is true and correct and any documents provided herewith are genuine.

Signature Title or Capacity (if applicable) Date (mm/dd/yyyy)

Joint Tenant/Trustee/Partner Signature Title or Capacity (if applicable) Date (mm/dd/yyyy)

## 14. MAILING INSTRUCTIONS AND CONTACT INFORMATION

**Regular Mail To:**

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

**Overnight Express Mail To:**

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)