



Systematic Withdrawal Plan Authorization Form

- Complete the following information to establish a regularly scheduled withdrawal from your U.S. Global Investors Mutual Fund(s) to your financial institution or address of record.
- Requests in the Systematic Withdrawal Plan must be received by U.S. Global Investors family of funds fifteen (15) business days prior to the start date.

1. PERSONAL INFORMATION

First Name	MI	Last Name
Social Security Number	Birth Date (mm/dd/yy)	Daytime Phone Number (include area code)

2. FUND ACCOUNT AND AUTOMATIC WITHDRAWAL AMOUNT

Fund/Account Number	\$ Amount	Draft Date
Fund/Account Number	\$ Amount	Draft Date
Fund/Account Number	\$ Amount	Draft Date
Fund/Account Number	\$ Amount	Draft Date

Indicate the frequency of each withdrawal: monthly quarterly annually

When would you like this plan to begin? _____

NOTE: If the amount for automatic withdrawal is greater than \$50,000, a medallion signature guarantee is required.

NOTE: If date is not specified, your investment account will be debited on the 15th of each month.

3. DISTRIBUTION INSTRUCTIONS

Invest in my existing U.S. Global Investors family of funds non-IRA. Account number _____

Invest in a new U.S. Global Investors family of funds non-IRA account. A completed and signed application is enclosed.

Send to financial institution below by: Electronic Funds Transfer (EFT) OR Wire (\$10 fee)

Please verify your EFT or wire instructions with your bank. Incorrect information can delay the transmission of funds.

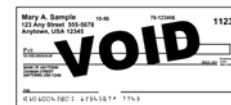
If you do not make a selection, the distribution will be sent by EFT.

NOTE: If the financial institution is not already listed with us for this account, please complete the information below. A medallion signature guarantee is required.

Attach a voided bank check or savings deposit slip that includes your pre-printed name and address. We cannot accept temporary or "starter" checks.

Please use tape; do not staple.

Enter your checking or savings account information below.



Name of Financial Institution	Name of Account Owner(s)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Type of Account
Transit Routing Number (The nine-digit number in lower left corner of check)		Account Number

3. DISTRIBUTION INSTRUCTIONS (Continued)

- Mail check to: Current mailing address on account OR
- Mail Check to 3rd party address below.

Check payable to:

Address	City	State	Zip Code
---------	------	-------	----------

NOTE: If the address listed above is different than the registration address, a medallion signature guarantee is required.

4. READ AND SIGN

I authorize U.S. Global Investors family of funds and the financial institution named to begin accepting electronic deposits (credits) and withdrawals (debits) to my designated account(s) and to reverse, if necessary, any deposits or withdrawals made in error to my account(s). Automated debit or credit entries shall constitute my receipt for the transaction(s). This authority is to remain in full force and effect until U.S. Global Investors family of funds has received written or phone notification from me of its termination at such time and in such manner as to give U.S. Global Investors family of funds reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

All current account owners must sign exactly as names appear on the current account registration.

A Medallion Signature Guarantee Stamp is required in the following circumstances:

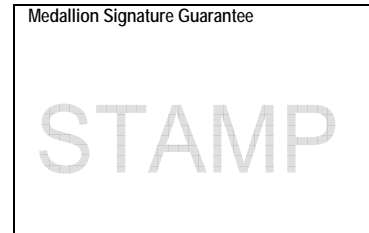
- Your address of record has changed within the past 30 days.
- You are redeeming more than \$50,000 worth of shares.
- You are requesting that the distribution amount is sent electronically to a bank account other than the bank of record.
- You are requesting that the distribution amount is sent to an address other than the address of record OR if the check is made payable to a party other than the registered owner(s).

Signature of Account Owner, Trustee or Custodian

Date (mm/dd/yy)

Signature of Joint Account Owner or Co-Trustee

Date (mm/dd/yy)



*A medallion signature guarantee may be obtained from a domestic bank or trust company, broker, dealer, clearing agency, savings association, or other financial institution which participates in a Medallion program recognized by the Securities Transfer Association. Signature guarantees from financial institutions which do not participate in a Medallion program will not be accepted. A notary public cannot provide signature guarantees.

When you've completed this form, you can mail it to:

U.S. Global Investors, Inc.
 Attn: Shareholder Services
 PO Box 781234
 San Antonio TX 78278-1234

For overnight delivery, you can mail it to:

U.S. Global Investors, Inc.
 Attn: Shareholder Services
 7900 Callaghan Rd
 San Antonio TX 78229-2327

If you have any questions, please contact an Investor Service Representative at 1-800-US-FUNDS (1-800-873-8637)