

IRA Application

For Traditional, ROTH, SEP and SIMPLE IRAs

Mail to: The Tocqueville Trust
 c/o U.S. Bank Global Fund Services
 PO Box 701
 Milwaukee, WI 53201-0701

Overnight Express Mail to: The Tocqueville Trust
 c/o U.S. Bank Global Fund Services
 615 E. Michigan St., FL3
 Milwaukee, WI 53202-5207

» In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number and permanent street address. Trust accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

1 Type of IRA

If no tax year is indicated, we will assume it is for the current tax year. Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

- Traditional IRA Account**
 - For tax year _____
 - IRA to IRA Transfer (please complete IRA Transfer Form)
 - Rollover (shareholder had receipt of funds)
 - Inherited IRA - Name of Decedent _____ Date of Death _____ Date of Birth _____
- IRA Rollover Account**
 - Rollover IRA to Rollover IRA
 - Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator.
 Please check the type of qualified plan:
 Corporate Pension Profit Sharing Plan 401(k) 403(b) Other _____
- ROTH IRA Account**
 - For tax year _____
 - Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
 - Traditional IRA Conversion to Roth IRA – year of conversion _____ in which Traditional IRA was converted to Roth IRA
 - Rollover from Roth IRA (shareholder had receipt of funds)
 - Inherited Roth IRA - Name of Decedent _____ Date of Death _____ Date of Birth _____
- SEP (Simplified Employee Pension Plan)** – Each employee must complete an IRA Application.
 - Contribution
 - Transfer from another SEP IRA Account
 - Rollover (shareholder had receipt of funds)
- SIMPLE IRA** (Be sure to complete SIMPLE IRA Plans section)
 - Contribution
 - Transfer from another SIMPLE IRA Account
 - Rollover (shareholder had receipt of funds)

2 Investor Information

Individual

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER			

3 Permanent Street Address

Residential Address or Principal Place of Business - Foreign addresses and PO Boxes are not allowed.

STREET		APT / SUITE	
CITY	STATE	ZIP CODE	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER	
E-MAIL ADDRESS			

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME			
NAME			
STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

Mailing Address* (if different from Permanent Address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

* A PO Box may be used as the mailing address.

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME			
NAME			
STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

4 Investment Options

By check: Make check payable to The Tocqueville Trust.

Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

By wire: Call 1-800-697-3863.

Note: A completed application is required in advance of a wire.

By transfer: Due to rollover or beneficiary payout.

Note: Completion of IRA Transfer Form or Beneficiary Payout Form is required.

Investment Amount
\$250 Minimum

Tocqueville Fund 914 \$

5 Telephone and Internet Options

You have the ability to make telephone and/or internet purchases*, redemptions* or exchanges per the prospectus by checking the box below. See the prospectus for minimum and maximum amounts.

* You must provide bank instructions and a voided check or savings deposit slip in the Bank Information section.

I accept telephone and/or internet transaction privileges.

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

6 Automatic Investment Plan (AIP)

Your signed application must be received up to 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to the Bank Information section of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one): Monthly Quarterly Annually

\$100 minimum

If no option is selected, the frequency will default to monthly.

Tocqueville Fund 914

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

7 Bank Information

If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).

John Doe	53289
Jane Doe	
123 Main St.	
Anytown, USA 12345	
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
⑆ 1 2 3 4 5 6 7 8 ⑆	⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

8 E-Delivery Options

I would like to:

- Receive shareholder communication notices via email
(includes Prospectus, Annual Report, Semi Annual Report, Investor Guides and shareholder letters)
- Receive quarterly statements electronically
(daily confirmations will continue to be sent via hard copy)

By selecting any of the above options, you agree to waive the physical delivery of the Prospectus, Annual Report, Semi Annual Report, shareholder communication and quarterly account statements. If you have opted to receive your statements electronically, you will need to sign up for on-line access to your account, which you may do once your account has been established by visiting www.tocquevillefunds.com.

Please note, you must provide your email address in Permanent Street Address section to enroll in e-Delivery.

9 Beneficiary Information | *If you need more space, please enclose a separate sheet of paper.*

Primary

<input type="text"/> <small>NAME</small>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/> <small>SOCIAL SECURITY NUMBER</small>	<input type="text"/> <small>DATE OF BIRTH</small>	<input type="text"/> <small>%</small>
<input type="text"/> <small>NAME</small>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/> <small>SOCIAL SECURITY NUMBER</small>	<input type="text"/> <small>DATE OF BIRTH</small>	<input type="text"/> <small>%</small>
<input type="text"/> <small>NAME</small>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/> <small>SOCIAL SECURITY NUMBER</small>	<input type="text"/> <small>DATE OF BIRTH</small>	<input type="text"/> <small>%</small>

Secondary

<input type="text"/> <small>NAME</small>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/> <small>SOCIAL SECURITY NUMBER</small>	<input type="text"/> <small>DATE OF BIRTH</small>	<input type="text"/> <small>%</small>
<input type="text"/> <small>NAME</small>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/> <small>SOCIAL SECURITY NUMBER</small>	<input type="text"/> <small>DATE OF BIRTH</small>	<input type="text"/> <small>%</small>
<input type="text"/> <small>NAME</small>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/> <small>SOCIAL SECURITY NUMBER</small>	<input type="text"/> <small>DATE OF BIRTH</small>	<input type="text"/> <small>%</small>

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

<input type="text" value="X"/> <small>SIGNATURE OF SPOUSE</small>	<input type="text"/> <small>DATE</small>
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12 Dealer Information

DEALER NAME

DEALER'S ID

BRANCH ID

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

REPRESENTATIVE'S ID

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS

CODE

CITY / STATE / ZIP

TELEPHONE NUMBER



Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Social Security or Tax ID Number in Investor Information section?
 - Birth Date in Investor Information section?
 - Full Name in Investor Information section?
 - Permanent street address in Permanent Street Address section?
- Enclosed your personal check made payable to The Tocqueville Trust?
 - Included a voided check or savings deposit slip, if applicable?
 - Signed your application in Signature section?
 - Enclosed additional documentation, if applicable?

For additional information please call toll-free 1-800-697-3863 or visit us on the web at www.tocquevillefunds.com.