



Change of Address Form

Regular Mail: The Tocqueville Trust
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Delivery: The Tocqueville Trust
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

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

1 Investor Information

NAME(S) OF REGISTERED OWNER(S)

ACCOUNT NUMBER(S)

ACCOUNT NUMBER(S)

ACCOUNT NUMBER(S)

2 Old Address

STREET ADDRESS OR P.O. BOX

CITY / STATE / ZIP CODE

3 New Address

Note: The USA PATRIOT Act requires us to obtain your street address. Please complete this section with your Permanent Street Address (P.O. Box is not acceptable). If you wish to use a P.O. Box or other address as your mailing address, complete this section and Section Four.

STREET ADDRESS (P.O. BOX IS NOT ACCEPTABLE)

CITY / STATE / ZIP CODE

DAYTIME TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

4 Mailing Address

Complete only if different than your New Address (in Section 3)

If you complete this section, all mailings (including checks, if any) will be sent to the address you provide.

STREET ADDRESS OR P.O. BOX

CITY / STATE / ZIP CODE

DAYTIME TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

5 Signature

All registered owners must sign.

I/We authorize this change of address for my account(s). I/We have read and understood the prospectus restrictions on accounts with a recently changed address.

REGISTERED SHAREHOLDER'S SIGNATURE

DATE (MM/DD/YYYY)

SSN or TIN NUMBER

REGISTERED SHAREHOLDER'S SIGNATURE

DATE (MM/DD/YYYY)

SSN or TIN NUMBER