TOCQUEVILLE

Limited Power of Attorney Form

Regular Mail:
The Tocqueville Trust
c/o U.S. Bancorp Fund Services, LLC
P.O. 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

Mutual Funds are required to comply with the USA Patriot Act, which obligates us to obtain, verify and maintain certain pieces of information for all registered owners and all authorized individuals. This Act is part of an overall effort to combat money laundering and terrorism. Please know that we respect the confidentiality of this information and that we will not share this personal information with anyone unless required by law. We will not accept your appointment of the below Power of Attorney without the following required information for the individual: Full Name, Date of Birth, Social Security Number and Permanent Street Address.

1 Account Information | Please complete the following information as it appears on your account statement.

FUND NAME

ACCOUNT NUMBER

– –
SOCIAL SECURITY / TAX ID NUMBER

ACCOUNT REGISTRATION (ACCOUNT OWNER)

2 Attorney-in-Fact Information | Please complete the following information for the individual named as Power of Attorney.

FULL NAME

– –
SOCIAL SECURITY / TAX ID NUMBER

DATE OF BIRTH (MM/DD/YYYY)

STREET

APT / SUITE

CITY / STATE / ZIP

3 Signature Guarantee Information

I/We, owners of shares listed in section A above, do hereby designate and give power of attorney to the individual listed in section B above, to act as my/our attorney-in-fact to purchase, transfer, exchange and/or redeem shares on my/our behalf in the above mentioned fund. My/Our Mutual Fund company and its transfer agent, U.S. Bancorp Fund Services, LLC (hereinafter "USBFS"), are hereby authorized to honor all such purchase, transfer, exchange and/or redemption requests received by them on my/our behalf from my/our behalf from my/our power of attorney. **This authorization is limited to allow my/our power of attorney to act only for the account listed in section A above.**

This authorization shall be binding and remain in effect until such time as written notification of cancellation from the undersigned is received by the transfer agent USBFS. All authority granted to my/our attorney-in-fact terminates upon my/our death(s). I/We agree to assume full responsibility and liability against loss, cost, damage or expense offered or incurred by my/our Mutual Fund company and/or USBFS arising out of the unauthorized use of the powers set forth in this agreement. Further, I/we agree to indemnify, hold harmless and release the Fund and USBFS, from any and all damage I/we incur by reason of the unauthorized use of powers set forth above.

X
SIGNATURE OF OWNER

DATE (MM/DD/YYYY)

X
SIGNATURE OF JOINT OWNER (IF APPLICABLE)

DATE (MM/DD/YYYY)

X
SIGNATURE OF ATTORNEY-IN-FACT

DATE (MM/DD/YYYY)

*Note: All signatures must be guaranteed by a bank, member firm of a national securities exchange, savings and loan assocation, credit union or other entity authorized by state law to guarantee signatures. A notary public may not guarantee signatures.

SIGNATURE GUARANTEE*

DATE (MM/DD/YYYY)