



First American Funds Class A Account Application

To be Used in Connection with an existing or simultaneous investment in The Tocqueville Trust

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

Overnight Express Mail To: The Tocqueville Trust
c/o U.S. Bancorp Fund Services, LLC
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. Corporate, trust, and other entity 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 Investor Information | Select one

Individual

| | | | |
|------------------------|----------------------|----------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FIRST NAME | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| <input type="text"/> | | | |
| SOCIAL SECURITY NUMBER | | | |

Joint Owner

| | | | |
|--|----------------------|----------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FIRST NAME | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| <input type="text"/> | | | |
| SOCIAL SECURITY NUMBER | | | |
| Registration will be Joint Tenancy with Rights of Survivorship (JTWRROS) unless otherwise specified. | | | |

Gift to Minor

| | | | |
|------------------------------------|----------------------------|----------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CUSTODIAN'S FIRST NAME (ONLY ONE) | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| <input type="text"/> | | | |
| CUSTODIAN'S SOCIAL SECURITY NUMBER | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MINOR'S FIRST NAME (ONLY ONE) | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| <input type="text"/> | <input type="text"/> | | |
| MINOR'S SOCIAL SECURITY NUMBER | MINOR'S STATE OF RESIDENCE | | |

Tax Exempt Organization

| |
|---|
| <input type="text"/> |
| NAME OF TRUST / CORPORATION / PARTNERSHIP AND STATE OF ORGANIZATION |

C Corporation

| |
|-----------------------|
| <input type="text"/> |
| NAME(S) OF TRUSTEE(S) |

Partnership

Limited Liability Company

| | |
|--|--------------------------------|
| <input type="text"/> | <input type="text"/> |
| SOCIAL SECURITY NUMBER / TAX I.D. NUMBER | DATE OF AGREEMENT (MM/DD/YYYY) |

S Corporation

Trust

Other Entity

You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements (including the powers and limitations section(s)), Partnership Agreement, or other official documents.)

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

Check here if you are a government entity or affiliated with a government entity.

2 Permanent Street Address

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

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

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 P.O. Box may be used as the mailing address.

3 Investment and Distribution Options

By check: Make check payable to the 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.

Investment Amount

\$2,500 minimum initial investment
 \$100 minimum additional investment

Capital Gains
 Reinvest Cash*

Dividends
 Reinvest Cash*

- TQ917 First American Retail Prime Obligations Fund - Class A
- TQ918 First American Government Obligations Fund - Class A

| | |
|----|----------------------|
| \$ | <input type="text"/> |
| \$ | <input type="text"/> |

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If nothing is selected, capital gains and dividends will be reinvested.

***Cash distribution should be paid by (select one):** Check to Address of Record ACH to Bank of Record
Valid Voided Check Needed

4 Telephone 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 in Section 5.

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.

5 Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, a systematic withdrawal plan, or cash distributions, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through 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 ⑆ |

6 Check Redemption Option

Please establish check redemption privileges. Checks will be mailed within ten business days after your account is opened. There is a **\$250 minimum** for any check written.

- TQ917 First American Retail Prime Obligations Fund - Class A
- TQ918 First American Government Obligations Fund - Class A

I/We guarantee the authenticity of each signature and understand the request is subject to the terms below.

Authorized Signatures

(For joint accounts, all owners must sign.)

- One signature required
- Two signatures required

X

X

X

I/We authorize U.S. Bank to honor these share drafts and to redeem sufficient shares in my account to cover payment of such checks. I understand that: (1) this privilege may be terminated at any time by the fund or the bank and that neither shall incur any liability for loss or expense or cost to me for honoring checks, or for effecting redemptions to pay checks, or for returning checks which have not been accepted; (2) checks drawn on a joint account will require the signature of one registered owner; (3) by signing this card I/we certify that each of the statements set forth on the purchase application are true and accurate.

7 Signature and Certification Required by the Internal Revenue Service

✓ I have received and understand the prospectus for the Class A Shares of the Retail Prime Obligations Fund or the Government Obligations Fund, a series of First American Funds, Inc. (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase.

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing Sections 4 or 5, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank NA, on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

✓ I affirm that I am a natural person and confirm my eligibility to invest in the fund.

✓ By signing below I certify and agree that the information provided in this application is complete and correct. I have received and reviewed the current prospectus of the Class A shares of the Retail Prime Obligations Fund or The Government Obligations Fund, a series of First American Funds, Inc., in which I am investing and agree to the terms and conditions contained therein. I have read and understood the terms set forth in this application. I understand that certain account options and features available to investors, such as Automatic Investment Plan and Systematic Withdrawal Plan options may not be available to me unless I provide the The Tocqueville Trust, with additional information. I understand that these investment products are not FDIC insured, are not deposits of, obligations of, or guaranteed by any bank, and involve investment risks, including possible loss of the principal invested. I agree that Quasar Distributors, LLC, First American Funds, Inc., or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine.

✓ **Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)**

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

SIGNATURE OF OWNER*

DATE (MM/DD/YYYY)

SIGNATURE OF JOINT OWNER*

DATE (MM/DD/YYYY)

* If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

8 Dealer Information

| | | | | |
|---|--|---|---|-------------------------------------|
| <input type="text"/> <i>DEALER NAME</i> | | <input type="text"/> <i>REPRESENTATIVE'S LAST NAME</i> | <input type="text"/> <i>FIRST NAME</i> | <input type="text"/> <i>M.I.</i> |
| <input type="text"/> <i>DEALER'S ID</i> | <input type="text"/> <i>BRANCH ID</i> | <input type="text"/> <i>REPRESENTATIVE'S ID</i> | | |
| DEALER HEAD OFFICE INFORMATION: | | REPRESENTATIVE BRANCH OFFICE INFORMATION: | | |
| <input type="text"/> <i>ADDRESS</i> | | <input type="text"/> <i>ADDRESS</i> | <input type="text"/> <i>CODE</i> | |
| <input type="text"/> <i>CITY / STATE / ZIP</i> | | <input type="text"/> <i>CITY / STATE / ZIP</i> | | |
| <input type="text"/> <i>TELEPHONE NUMBER</i> | | <input type="text"/> <i>TELEPHONE NUMBER</i> | | |

! Before you mail, have you:

- | | |
|---|---|
| <input type="checkbox"/> Completed all USA PATRIOT Act required information? <ul style="list-style-type: none">– Social Security or Tax ID Number in Section 1?– Birth Date in Section 1?– Full Name in Section 1?– Permanent street address in Section 2? | <input type="checkbox"/> Enclosed your personal check made payable to the The Tocqueville Trust? <ul style="list-style-type: none"><input type="checkbox"/> Included a voided check, if applicable?<input type="checkbox"/> Signed your application in Section 7?<input type="checkbox"/> Enclosed additional documentation, if applicable? |
|---|---|

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