



VanEck Funds Account Application

Complete Sections 1, 2, 5 & 6. All other sections are optional. "Average Cost" is the default cost basis accounting method for the VanEck Funds and will be used for 1099-B tax reporting on this account unless you choose to elect another cost basis method in the optional Section 7, "Account Options." For assistance, call VanEck Account Assistance at 800.544.4653. Mail completed application and check payable to VanEck Funds, P.O. Box 218407, Kansas City, MO 64121-8407

Please read the instructions to this application. To open a retirement account offered by the VanEck Funds ("Funds"), you must use a separate retirement application. Non-resident aliens cannot use this application to open an account, but may invest through a broker or agent.

Important Information: To help the government fight the funding of terrorism and money laundering activities, federal law under the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, you must provide your name, address, date of birth, and other information that will allow us to identify you. Corporations, Partnerships, and other legal entities must provide documentation regarding the entity and persons who beneficially own, control, and are authorized to act on the account. Failure to provide all requested information for all individuals registered to and/or authorized to act on this account and/or for the business legal entity opening this account may result in delays to your investment or even the return of your investment. VanEck accepts no responsibility for trading losses associated with delays in receiving and verifying the required information.

1. Type of account registration *(select one type only. Please print clearly.)*

A. **Individual Account** *(Owned by one adult. An adult is age 18 or older.)*

Joint Tenants with Rights of Survivorship *(Unless you state Tenants-in-Common. All owners are adults.)*

Owner's Name *(first, middle initial, last)*: _____

Owner's Social Security Number: _____ U.S. Citizen Resident Alien

Owner's Birth Date: _____ *(MM/DD/YYYY)*

Joint Owner's Name *(first, middle initial, last)*: _____

Joint Owner's Social Security Number: _____ U.S. Citizen Resident Alien

Owner's Birth Date: _____ *(MM/DD/YYYY)*

If additional Joint Owners exist, please attach a list with full name, residential street address, SSN, date of birth, and if a U.S. Citizen or Resident Alien.

B. **Individual Non-Statutory Trust or Estate Account** *(Existing Non-Statutory Trust or Estate established and located in U.S. If a Statutory Trust, complete D. Business Account.)*

Name of Trust/Estate _____
(A copy of the first and last pages of trust document or currently certified evidence of appointment for estate representative is required.)

Date Trust was Established: _____ *(MM/DD/YYYY)*

Trust's Social Security Number *(e.g. Living Trust)*: _____

OR Trust's/Estate's Taxpayer Identification Number _____

Name of Trustee or Estate Representative _____
(first, middle initial, last) authorized to act on the account.

Trustee or Estate Representative's Social Security Number: _____ U.S. Citizen Resident Alien

Trustee/Estate Representative's Birth Date: _____ *(MM/DD/YYYY)*

Name of Co-Trustee or Co-Estate Representative _____
(first, middle initial, last) authorized to act on the account.

Co-Trustee or Co-Estate Representative's Social Security Number: _____ U.S. Citizen Resident Alien

Co-Trustee/Co-Estate Representative's Birth Date: _____ *(MM/DD/YYYY)*

If additional Co-Trustee's or Co-Estate Reps. exist, please attach a list with full name, residential street address, SSN, date of birth, and if a U.S. Citizen or Resident Alien.

C. **Custodial Account for Minor** (Account established for the benefit of a minor child, administered by an adult.)

Adult Custodian's Name (first, middle initial, last) _____

Adult Custodian's Social Security Number: _____ U.S. Citizen Resident Alien

Adult Custodian's Birth Date: _____ (MM/DD/YYYY)

Minor's Name (first, middle initial, last) _____

Minor's Social Security Number: _____ U.S. Citizen Resident Alien

Minor's Birth Date: _____ (MM/DD/YYYY)

Under the _____ (Minor's state of residence) Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA)

D. **Business Account** (Select the type(s) of business legal entity and provide the corresponding organizational documents described in the Instructions to Application. Your business legal entity must be established and located in the U.S. You are required to provide information for all "Beneficial Owners" and for one "Control Person" as defined below. Also, information for at least one "Authorized Trader" must be provided in addition to the organizational documents to satisfy USA Patriot Act requirements before the account can be accepted. However, if your business legal entity is an "Excluded Entity" under the USA Patriot Act, organizational documents and information for "Authorized Trader" may not be required – see "Excluded Entity" box below for details.)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> C-Corporation under Chapter 1(C) of IRS Code | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> S-Corporation under Chapter 1(S) of IRS Code | <input type="checkbox"/> Broker/Dealer |
| <input type="checkbox"/> Bank/Trust Co. | <input type="checkbox"/> Retirement Plan (ERISA Plans only) |
| <input type="checkbox"/> Bank Nominee Name | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Omnibus (registered in name of financial institution for the benefit of multiple underlying shareholders) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> 501(c)(3) Non-Profit/Charitable Organization | <input type="checkbox"/> Statutory Trust |
| | <input type="checkbox"/> Other _____ |

Account Registration: Business name of Corporation, Non-Profit/Charitable Organization, or other legal entity under which account will be registered _____

Business Tax Identification Number: _____ Social Security Number for Sole Proprietorship, etc.: _____

Excluded Entity If you indicate here by checking the applicable box that this business account is one of the following entities excluded under the USA Patriot Act, you do not need to complete the Authorized Trader section below (it is not required that you attach copies of your organizational documents or, for Authorized Traders, their residential street address, SSN, date of birth, and certify if a U.S. Citizen or Resident/Non-Resident Alien).

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> FINRA-registered broker/dealer | <input type="checkbox"/> U.S. publicly traded corporation. Stock symbol _____ |
| <input type="checkbox"/> Federal, state or local government entity | <input type="checkbox"/> Federal or state-regulated bank or trust company |
| <input type="checkbox"/> Retirement Plan (ERISA Plans only) | <input type="checkbox"/> Other Federal-regulated financial institution |

Authorized Trader(s) *If you are not an Excluded Entity as checked in the box above, you are required to provide the following information for at least one individual who is legally authorized to act on behalf of this account for the business legal entity. If you wish to provide information for additional Authorized Traders, please attach a list with all the required information.*

Print Full Name & Title of Authorized Trader	Authorized Trader's Date of Birth (MM/DD/YYYY)	Print Authorized Trader's Street Address, City, State, and Zip Code	Authorized Trader's SSN or ITIN*	Check one box:
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien

Beneficial Owner(s) *(Excluded Entities, non-profits, religious organizations, and sole proprietorships are not required to complete this section.) The following information is required for each individual person or entity, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above under which the account will be registered. All Beneficial Owners that meet this definition must provide the required information. For additional Beneficial Owners, attach a list with all the required information. Note: If no individual meets the definition of a Beneficial Owner, please write "Not Applicable" below.*

Print Full Name & Title of Beneficial Owner(s)	Beneficial Owner's Date of Birth (MM/DD/YYYY)	Print Beneficial Owner's Street Address, City, State, and Zip Code	Beneficial Owner's SSN or ITIN*	Check one box:
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien

Control Person (Excluded Entities are not required to complete this section. All other legal entities are required to complete this section, including non-profits, religious organizations, and sole proprietorships. The following information is required for one individual with significant responsibility for managing the legal entity listed above, such as 1) an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or 2) any other individual who regularly performs similar functions. If appropriate, an individual listed above as a Beneficial Owner may also be listed in this section as a Control Person.

Print Full Name & Title of Control Person	Control Person's Date of Birth (MM/DD/YYYY)	Print Control Person's Street Address, City, State, and Zip Code	Control Person's SSN or ITIN*	Check one box:
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien

*Social Security Number ("SSN") or Individual Taxpayer Identification Number ("ITIN"). For a non-U.S. Person, you must provide your U.S.-issued SSN or ITIN. If you do not have a U.S.-issued SSN or ITIN, you are required to provide your Passport Number and country of Issuance, or your country's government-issued identification card number and country of issuance, or other similar government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Person Opening Account (All legal entities are required to complete this section.) Print full name and title of the natural person opening this account who can be the same or different than the Control Person named above, and who is authorized to sign in Section 6 of this application.

Print Full Name of Natural Person Opening Account (signature in Section 6 of this application required)	Print Title

2. Address (Required for account opening. All information will be verified.)

A. Account Mailing Address of Primary Owner (If a P.O. Box, you are required to provide your street address below)

Address _____

City/State/Zip _____

Home Telephone: _____ Day Telephone: _____ Email: _____

B. Street Address of Primary Owner (Only required if the above Account Mailing Address is a P.O. Box or other non-street address.)

Address _____

City/State/Zip _____

Home Telephone: _____ Day Telephone: _____ Email: _____

C. Street Address for Joint Owner or Minor (Only required if different than primary street address above.)

Address _____

City/State/Zip _____

Home Telephone: _____ Day Telephone: _____ Email: _____

D. Additional Mail/Interested Party Address (Optional - Duplicate statements and confirmations will automatically be mailed.)

Name _____

Address _____

City/State/Zip _____

Home Telephone: _____ Home Telephone: _____ Home Telephone: _____

3. Broker/Dealer Information (To be executed by Investment Dealer or Bank.)

The undersigned enters into the Dealer/Bank Agreement set forth in the Instructions to Application.

Name of Dealer Firm or Bank: _____

Branch Office Address of Dealer's or Bank's Representative: _____

Dealer Firm or Bank code number at VanEck Funds (if known): _____

Branch Office code (if known): _____

Name and Number of Representative: _____

Day Telephone: _____ Email: _____

4. Dividend and capital gain options

If no designation is made, dividends and/or capital gains will be reinvested automatically. If a cash payment is designated, indicate method.

- | | |
|------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Dividends in Cash | <input type="checkbox"/> Payment method by check |
| <input type="checkbox"/> Capital Gains in Cash | <input type="checkbox"/> Payment method by ACH to my bank account (complete Section 7.) |

5. Investment instructions

- Direct Investment – I am making an investment with the enclosed check or by bank wire in the Fund(s) as indicated below.
- Automatic Investment Plan – Make periodic purchases in the Fund(s) indicated below. (Complete Section 7 – required)
- Confirmed Trade placed by Broker – Enclosed is my check as payment for the Fund's trade confirm # _____

Investment Selection

Please review the Prospectus for class eligibility, minimums, sales charges and expenses applicable to each Fund and Class of shares. Minimum initial purchase requirements – \$1000 per Fund except under the Automatic Investment Plan.

- | | |
|--------------------------------------------------------------|-----------------|
| <input type="checkbox"/> CM Commodity Index Fund-A | \$ _____ |
| <input type="checkbox"/> Emerging Markets Bond Fund-A | \$ _____ |
| <input type="checkbox"/> Emerging Markets Fund-A | \$ _____ |
| <input type="checkbox"/> Emerging Markets Fund-C | \$ _____ |
| <input type="checkbox"/> Environmental Sustainability Fund-A | \$ _____ |
| <input type="checkbox"/> Global Resources Fund-A | \$ _____ |
| <input type="checkbox"/> Global Resources Fund-C | \$ _____ |
| <input type="checkbox"/> International Investors Gold Fund-A | \$ _____ |
| <input type="checkbox"/> International Investors Gold Fund-C | \$ _____ |
| <input type="checkbox"/> Other _____ | \$ _____ |
| Total | \$ _____ |

Make checks payable to: VanEck Funds

The Funds do not accept cash, money orders, starter checks, counter, or third party checks. Payment must be in U.S. dollars.

6. Signature(s)

- a) I, the investor(s), represent and warrant, by execution of this Application, that (i) I have the full right, power and authority to make the investment and Account Options applied for and (ii) I am a natural person of legal age in my state of residence. The person or persons signing on behalf of the investor represent and warrant that they are duly authorized to sign this Application and purchase or redeem shares of the Fund on behalf of the investor, and that any information provided above in "D. Business Account" for a legal entity, including Beneficial Owner information, is true, complete, and correct. If an investor does not want to authorize the Telephone Exchange and/or Telephone Redemption Privilege, the box should be checked in the Account Options Section of this Application. If the box is unchecked, an investor(s) would bear the loss resulting from acceptance of an unauthorized or non-authentic Telephone Exchange and/or Telephone Redemption. I understand that if my account has no activity in it for a period of time, VanEck Funds may be required to transfer the assets of the account to the appropriate state under abandoned property laws. Each person named in the registration must sign below.
- b) I have read the applicable prospectus(es), this Application and Instructions to Application and agree to all their terms. I also agree that any shares purchased now or later are and will be subject to the terms of the Fund's prospectus as in effect from time to time.
- c) I, the investor(s), am not involved in any money laundering schemes, and the source of this investment is not derived from any unlawful criminal activities; the information provided on this form and the documents submitted are true and correct.
- d) I certify under penalty of perjury that:
- 1) the social security number or employer identification number shown on this form is my correct Taxpayer Identification Number,
 - 2) I am not subject to backup withholding because:
 - I am exempt from backup withholding as an organization described in the Instructions to Application; OR,
 - I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends; OR,
 - The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (2) if you have been notified that you are subject to backup withholding.)
 - 3) I am a U.S. person (U.S. Citizen, or U.S. Resident Alien, or Signatory of a U.S. entity). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
 - 4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Signature	Print Full Name	Title (if applicable)	Date (MM/DD/YYYY)
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Signature	Print Full Name	Title (if applicable)	Date (MM/DD/YYYY)
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Each adult person named in the registration or an authorized signer must sign above.

(Optional: Please complete Section 7 "Account Options" as needed.)

7. Account options *(optional - complete as needed.)*

A. (Optional) Reduced Sales Charge – Class A only

All shareholders are eligible for reduced sales charges under the Right of Accumulation, a quantity discount program that combines the amount of your investment with the value at current offering price of your existing Class A and Class C shares of the VanEck Funds that you already own. Please review the Prospectus under the sections entitled Sales Charges and Reduced or Waived Sales Charges to determine your eligibility for various reduced sales charge programs and waivers.

Please list your existing accounts below (and accounts for your spouse or minor children under the age of 21) in order to link them for reduced sales charges. Other than for Right of Accumulation, please indicate if you qualify for any special reduced or waived sales charge program as stated in the Prospectus.

List Fund Names (and Class) and Account Numbers *(attach list if needed)*

B. (Optional) Letter of Intent (LOI) – Class A only

I agree to the Letter of Intent provisions set forth in the Instructions to Application, the Prospectus and Statement of Additional Information. Please link my existing accounts listed above, if any, under my LOI. I intend to invest an aggregate amount at least equal to the amount checked below over a 13-month period from the trade date of this purchase (or backdated up to 90 days to a previous purchase dated _____ (MM/DD/YYYY)).

\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

Signature of Account Owner

Signature of Account Joint Owner

C. (Optional) Automatic Investment Plan

To start an Automatic Investment Plan, please complete the Application and this section. **You must attach below a deposit slip or one sample check marked VOID from your bank account** that the investment amounts will be drawn from. VanEck Funds must receive your instructions at least 5 business days prior to the first transaction date requested. If no date is provided, the automatic plan date will default to the 15th of the month.

Amount \$ _____ Monthly Quarterly

Transactions should begin during the month of: _____

Transactions should occur on the following date of the month: _____

D. (Optional) Payment of Cash Dividends and/or Capital Gains to Your Bank Account via ACH

I hereby designate that I have indicated in Section 4 of the Application that my cash dividends and/or capital gains should be paid electronically via Automatic Clearing House ("ACH"). Please make payment via ACH to my designated bank account. I understand that my bank must be an ACH member, that the ACH payment method may take around 3 business days, and that it may be revoked at any time, in which case payment will be made by check to my address of record. You must attach below a deposit slip or one sample check marked VOID from your receiving bank account.

E. (Optional) Expedited Redemption – paid by bank wire

I hereby designate my bank account identified below to receive amounts redeemed from my VanEck account, in accordance with the Prospectus and Statement of Additional Information, upon telephone instructions by any person, or written instructions from the registered owner(s) to SS&C GIDS. *Minimum redemption of \$1,000.* You must attach below a deposit slip or one sample check marked VOID from your receiving bank account.

Name of Bank	Bank Account Number	Bank Routing (ABA) Number, if known	
Address of Bank	City	State	Zip

Attach bank account deposit slip or sample check marked VOID here, if you have completed an option above in Section 7 that requires it.

F. Telephone Exchange Privilege and Telephone Redemption Privilege

I authorize telephone exchanges and telephone redemptions (redemption paid by check) with each current or future series of the VanEck Funds and such other Funds as may be established in accordance with the Prospectus and Statement of Additional Information, upon telephone instructions by any person to SS&C.

- Only if you **do not** wish to authorize the Telephone Exchange Privilege, please check here. (Optional)
- Only if you **do not** wish to authorize the Telephone Redemption Privilege, please check here. (Optional)

G. (Optional) Trusted Contact Person

(You may designate an additional contact for Senior or Vulnerable Investor Accounts or to receive unclaimed property notices due to mail returned by the post office or due to inactivity. See Instructions to Application.)

Full Name	Date of Birth (must be 18 years old) (MM/DD/YYYY)	Relationship to Shareholder	
Street Address	City	State	Zip
Telephone Number(s)		Email	

H. (Optional) Cost Basis Election

Please complete this section only if you wish to elect a cost basis method other than Average Cost. Your cost basis election only applies to shares acquired after January 1, 2012 ("covered shares") for tax reporting purposes on Form 1099-B by VanEck Funds as required by the Internal Revenue Service ("IRS"). This section does not apply to retirement accounts, C-Corporation accounts, and other such accounts for which redemptions are not tax-reportable on Form 1099-B by VanEck Funds as required by the IRS. Please consult your tax advisor and/or the IRS (see www.irs.gov) for any questions about which cost basis method best suits your specific situation and how cost basis reporting on Form 1099-B is used for your tax reporting. If a cost basis method has not been elected, your account will use the default method for the VanEck Funds, which is Average Cost. For additional information and to change your cost basis method for this or other existing accounts, see the Cost Basis Election Form at www.vaneck.com or request one by calling 800.544.4653.

- Apply this cost basis method to this account and all future accounts registered under this same SSN/TIN marked on this Application. If you do not check one of the two boxes in this section, this first box will be used as your selection by default.
- Apply this cost basis method ONLY to this specific account invested in this fund(s) marked on this Application. If you check this box, future accounts in any of the VanEck Funds will need you to elect a cost basis upon establishment. If you do not elect a cost basis at that time, the default method of Average Cost will be applied to your new account(s).

Cost basis method (choose one):

- Average Cost** – Values the cost of shares in an account by averaging the effect of all transactions in the account.
- First In, First Out (FIFO)** – First shares purchased in an account are the first shares sold.
- High Cost, First Out (HIFO)** – Shares with the highest price purchased in an account are the first shares sold.
- Last In, First Out (LIFO)** – Last shares purchased in an account are the first shares sold.

- Low Cost, First Out (LOFO)** – Shares with the lowest price purchased in an account are the first shares sold.
- Loss/Gain Utilization** – Shares with calculated losses are sold before lots with gains. For lots that yield a loss, short-term lots will be redeemed ahead of long-term lots. For gains, long-term lots will be redeemed ahead of short-term lots.
- Specific Lot Identification** – The shareholder is required at the time of any sale (redemption) to provide the selling agent with instructions indicating the specific lot(s) of shares to be sold. In the event that the shareholder is not able to provide the specific lot(s) of shares to be sold at the time of redemption, the shareholder must also choose a secondary cost basis method to be automatically used as an alternate method (example: if you have a systematic withdrawal or systematic exchange plan on your account, or are unable to indicate the specific lots to be sold for any reason):
 - First In, First Out (FIFO)
 - High Cost, First Out (HIFO)
 - Last In, First Out (LIFO)
 - Low Cost, First Out (LOFO)
 - Loss/Gain Utilization

I, the shareholder(s), represent and warrant, by execution of this Cost Basis Election section and the Signature section of the Application, that (i) I have the full right, power and authority to make the cost basis election applied for and (ii) I have reviewed and fully understand the tax implications of my cost basis election as per the Internal Revenue Service (“IRS”) rules (see www.irs.gov). I authorize the VanEck Funds, its affiliates, and transfer agent (“Funds”) to act on any instructions believed to be genuine for any election made on this Application. I agree that the Funds will not be liable for any of my future tax liabilities, penalties, and interest assessed as a result of my election on this Application. I understand that the election made on this Application may be changed by me by notification to the VanEck Funds, as required by the Mandatory Cost Basis Regulations. Any such notification shall be effective only with respect to applicable transactions made after the receipt in proper order of such notification and a reasonable amount of time to act on it. I understand that if I am changing from the average cost method and redeem shares under that method after January 1, 2012, my cost basis method change is effective on the day the selection change is received by the VanEck Funds in proper order and is applicable only to shares acquired after that date of receipt. I understand that in the event of conflicting cost basis instructions on this Application, this specific account may apply the default cost basis method of Average Cost until a corrected Application is received in proper order.

Instructions to Application

Account Terms and Provisions

To open an account, you must complete Sections 1, 2, 5 and 6. All other sections are optional. In accepting investments pursuant to your instructions, SS&C GIDS ("SS&C"), acts as transfer agent for the Funds. Certain other provisions relating to accounts are set forth in the current Prospectus and Statement of Additional Information. Please detach and keep these instructions for your records. **For help, call Account Assistance at 800.544.4653.**

Letter of Intent

Out of my initial purchase (or subsequent purchases if necessary), 5% of the specified dollar amount of this Letter will be held in escrow by SS&C in my account until my total purchases of the Funds pursuant to this Letter plus my accumulation credit (if any) equal the amount specified in this Letter. A purchase not originally made pursuant to a Letter of Intent may be included under a backdated Letter executed within 90 days of such purchase (accumulation credit).

If total purchases pursuant to this Letter plus my accumulation credit are less than the specified amount of this Letter, I agree to remit to the Distributor an amount equal to the difference in the dollar amount of sales charge I have actually paid and the amount of sales charge which I would have paid on my aggregate purchases if the total of such purchases had been made at a single time. If I do not within 20 business days after written request by the dealer or bank or by the Distributor pay such difference in sales charge, SS&C GIDS, upon instructions from the Distributor, is hereby authorized to cause to be repurchased an appropriate number of the escrowed shares in order to realize such difference.

I hereby irrevocably constitute and appoint SS&C GIDS, as escrow Agent, to surrender for repurchase any or all escrowed shares with full power of substitution in the premises and agree to the terms and conditions set forth in the Prospectus and Statement of Additional Information. I understand that this Letter is not effective until it is accepted by the Distributor.

Automatic Investment Plan

I authorize SS&C GIDS ("SS&C"), to debit the dollar amount indicated in the Account Options, Section 7 of this Application, from my bank account and invest the proceeds in full and fractional shares of the Fund as indicated in Section 5. See the Prospectus and Statement of Additional Information for terms and conditions of the plan.

The Automatic Investment Plan ("AIP") is subject to the following conditions: AIP may be revoked without prior notice if any debit is dishonored, and the Participating Funds shall be under no obligation to notify the undersigned as to the non-payment. AIP may be discontinued by any of the Participating Funds upon thirty (30) day written notice or by the shareholder at any time by notice to SS&C GIDS which is received at least 15 business days prior to the date of any deposit. For shareholders whose banks are members of the Automatic Clearing House ("ACH"), the debit to your bank account will be processed electronically.

In establishing the AIP, I authorize my bank to honor all debit entries initiated by me through SS&C GIDS, on behalf of the Fund. When all such debits are presented, sufficient collected funds must be in my account to pay the debit. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed personally by me. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that this authorization, unless terminated by my bank, is to remain in effect until receipt of written notice from me of its revocation.

Expedited Redemption

I authorize SS&C to honor written, telegraphic or telephone requests from me or any other person for the transmission of funds by wire, but only to my designated account in a domestic commercial bank which is a member of the Federal Reserve System. Retirement Plan accounts may not use this service. I understand that this privilege is subject to the provisions of the current Prospectus and Statement of Additional Information of the Fund as amended from time to time.

Trusted Contact Person

In instances where there is a “reasonable belief” of financial exploitation, VanEck will be able (but not required) to place a “temporary hold” on a senior or vulnerable shareholder’s account in the VanEck Funds in order to contact the investor and/or the investor’s designated Trusted Contact Person, if needed, to investigate any issues before releasing funds (FINRA RULE 2165 and 4512–Financial Exploitation of Specified Adults). Appointing a Trusted Contact Person may be beneficial to an investor with a health issue such as Alzheimer’s disease, dementia, or other forms of diminished capacity, among other things. By designating a Trusted Contact Person on this Application, the shareholder authorizes VanEck Funds and SS&C to contact the Trusted Contact Person and disclose information about the customer’s account to address possible financial exploitation, to confirm the specifics of the customer’s current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney. Also, the shareholder authorizes that the Trusted Contact Person may receive unclaimed property notices due to shareholder mail returned by the post office or due to inactivity in the shareholder’s account, as may be required by state law, and that the Trusted Contact Person may verify that the account has not been abandoned and provide the shareholder’s current location and contact information. However, a Trusted Contact Person is not authorized to request transactions on the account or take ownership of the account solely on the basis of being named as a Trusted Contact Person.

Dealer/Bank Agreement

The dealer or bank, by completing Section 3 of the Application, authorizes SS&C, as the transfer agent for the Fund, so long as the Application shall remain in effect, to purchase from time to time from the Fund, all shares and fractional interest therein which SS&C is authorized to purchase at the public offering price from the dealer for the account of the shareholder who has signed the Application. SS&C is authorized and directed to cause such shares to be transferred to the name of the shareholder on the books of the Fund, to pay for the account of the dealer or bank all requisite transfer taxes, to confirm each sale to the shareholder on behalf of the dealer or bank, to retain and account to the dealer or bank for the dealer’s or bank’s discount due on each purchase, and to transmit to the shareholder each new Prospectus of the Fund or supplement thereto delivered to it for that purpose. The dealer or bank guarantees the genuineness of the signature(s) on the Application and represents that each person who has signed the Application is of full age and not under legal disability. With regard to the Letter of Intent the dealer or bank agrees that as purchases are made pursuant to the Letter he will receive from SS&C discounts at the rate applicable to the amount of the specified intended purchases checked. If the actual purchases do not reach the specified amount, the discounts previously allowed the dealer or bank will be adjusted to the basis applicable to the total actual purchases. (If the total actual purchases exceed the dollar amount of the intended purchases, the dealer or bank shall return to the Distributor the excess of discounts previously allowed the dealer or bank over that which would be applicable to the amount of the total purchases.)

Information Required By the USA Patriot Act to Open An Account

To help the government fight the funding of terrorism and money laundering activities, Federal Law under the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. The four required data elements for all account owners and authorized traders of non-excluded business accounts are (1) full name, (2) residential street address, not a P.O. Box, (3) Taxpayer Identification Number, and (4) Date of Birth. In addition, accounts registered in the name of a Trust, Estate, or Business entity must provide further documentation as indicated below or as requested by the Funds and/or the transfer agent, SS&C. If the organizational documentation for a business entity does not provide evidence of the authorized trader(s) named on the Application, a corporate resolution dated within 60 days must be provided also. Failure to provide all requested information for all individuals registered to and/or authorized to act on this account and/or for the business entity opening this account may result in delays to your investment or even the return of your investment. VanEck accepts no responsibility for trading losses associated with delays in receiving and verifying the required information.

Account Type and Required Documentation

- Trusts (e.g. living trust, charitable trust, etc.): First and last pages of trust document
- Estate: Letter of Testamentary/Letters of Administration
- Corporation: If publicly traded then a ticker symbol only, otherwise provide articles of incorporation
- Partnership: Copy of partnership agreement
- Limited Liability Company: Articles of Incorporation
- Sole Proprietorship: Four required data elements for the owner
- Power of Attorney: Four required data elements for the Power of Attorney (“POA”) and the person they have POA on behalf of
- Miscellaneous Organization: Evidence of Organization
- Insurance Companies: Documents providing authorized business, such as a Business Certificate of Agreements
- Hospitals, Medical Institutions: Business License
- Cemeteries, Funeral Homes: Business License
- Charitable and Welfare Organizations: Documents providing authorized business, such as a Business Certificate of Agreements
- Churches and Religious Institutions: Documents providing authorized business, such as a Business Certificate of Agreements
- Colleges, Universities, School Districts: Documents providing authorized business, such as a Business Certificate of Agreements
- Clubs and Fraternal Organizations: Registration with University/Business License
- Investment Clubs: Copy of Partnership Agreement
- Private Annuity: Documents providing authorized business, such as Business Certificate of Agreements
- Other: If your account type is not listed, please call us for assistance at 800.544.4653

Remit payment with application to:

Regular mail to:

VanEck Funds
P.O. Box 218407
Kansas City, MO 64121-8407

Express mail to:

VanEck Funds
430 W 7th Street
Suite 218407
Kansas City, MO 64105-1407

For account-related questions call: **Account Assistance 800.544.4653**

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