



# 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, Trusts and other entities must provide documentation regarding the entity and persons 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 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

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

Joint Owner's Social Security Number

U.S. Citizen  Resident Alien

Owner's Birth Date

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 Trust or Estate Account (Existing Trust or Estate established and located in U.S.)

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

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

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

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

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

□□□□ - □□□ - □□□□□□

Minor's Social Security Number

U.S. Citizen     Resident Alien

□□□□ - □□□□ - □□□□□□

Minor's Birth Date

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

**D. Business Account** (Select the type(s) of business entity and provide the corresponding organizational documents described in the Instructions to Application. Your business entity must be established and located in the U.S. Information for one "Authorized Trader" must be provided in addition to the organizational documents to satisfy USA Patriot Act requirements before the account can be accepted. If your business is an "Excluded Entity" under the USA Patriot Act, organizational documents and information for Authorized Traders may not be required – see Excluded Entity box below.)

- C-Corporation under Chapter 1(C) of IRS Code
- S-Corporation under Chapter 1(S) of IRS Code
- 501(c)(3) Non-Profit/Charitable Organization
- Omnibus (registered in name of financial institution and used to hold shares of multiple underlying shareholders)
- Other (please indicate type) \_\_\_\_\_
- Sole Proprietorship
- Limited Liability Company
- Government Entity

Business name of Corporation, Partnership, or other entity under which the 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, 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 if a U.S. Citizen or Resident Alien.

- FINRA-registered broker/dealer
- U.S. publicly traded corporation. Stock symbol \_\_\_\_\_
- Federal, state or local government entity
- Federal or state-regulated bank or trust company
- Retirement Plan (ERISA Plans only)
- Other Federal-regulated financial institution

**Authorized Trader(s)** – If you are not an "Excluded Entity" checked above, you must provide this information.

Authorized Trader (Person legally authorized to act on behalf of this account for the business entity – first, middle initial, last name)

□□□□ - □□□ - □□□□□□

Social Security Number of Authorized Trader

U.S. Citizen     Resident Alien

□□□□ - □□□□ - □□□□□□

Birth Date of Authorized Trader

For additional Authorized Traders, attach a list with full name, residential street address, social security number, date of birth, and if U.S. Citizen or Resident Alien.

## 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, Minor, Authorized Trader (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

\_\_\_\_\_

Day Telephone

\_\_\_\_\_

Email

## 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 (or ledger) code (if known)

\_\_\_\_\_

Name and Number of Representative

\_\_\_\_\_

Day Telephone

\_\_\_\_\_

Email



## 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 (except the money market fund) 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) except for the money market fund 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 \_\_\_\_\_).

\$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.

Amount \$ \_\_\_\_\_       Monthly       Quarterly      Starting on or about the 20th day of month: \_\_\_\_\_ 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 DST. *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 DST.

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) Checkwriting – VanEck Money Fund only

**Redemption by Check (Optional)** To obtain a checkbook for checkwriting privileges, check boxes below and sign in Section 6.

(a) Joint Accounts, Corporations, etc. Check box to indicate  either owner is authorized -or-  all owners are required to sign Redemption Checks.

## 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](http://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](http://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](http://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. If no Fund Name is indicated in Section 5, your investment will be made into the VanEck Money Fund. All other sections are optional. In accepting investments pursuant to your instructions, DST Systems, Inc. ("DST") 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 DST in my account until my total purchases of the Funds (except the Money Fund) 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, DST Systems, Inc., 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 DST Systems, Inc., 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 DST Systems, Inc. to debit the dollar amount indicated in the Account Options, Section 7 of this Application, from my bank account on/or about the 20th day of a month 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 DST Systems, Inc. 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 DST Systems, Inc. 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 DST 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.

## Checkwriting – Redemption by Check

When a check drawn on the account is presented to the Fund for payment, a sufficient number of full and fractional shares will be redeemed to cover the amount of the check. The signatory represent(s) that he (they) is (are) duly authorized to execute this form. Checks may not be drawn on the account for less than \$250 or more than \$5 million. It is agreed that the Fund and/or its agents will not be liable for any loss, expense or cost arising from redemptions by check or any unpaid checks. Only checks drawn on the printed form supplied by the Fund will be honored. The Fund will not honor a check for an amount exceeding the value of shares in the account held in non-certificate form at the time the check is presented for payment. Shares purchased by check and held in the account for fifteen days or less cannot be redeemed by check and any redemption checks presented for payment with respect to such shares will be returned. Retirement Plan accounts, accounts held on behalf of minors, and accounts with IRS withholding may not use this service. The Fund reserves the right to modify or end this privilege at any time. Any modification of the information contained herein or (with respect to institutional accounts) any modification in, or termination of, the resolutions adopted or agreements executed in connection with this Redemption by Check privilege will require a new authorization form to be completed and submitted to DST. The checks will be registered exactly as the account is registered.

## Dealer/Bank Agreement

The dealer or bank, by completing Section 3 of the Application, authorizes DST, 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 DST is authorized to purchase at the public offering price from the dealer for the account of the shareholder who has signed the Application. DST 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 DST 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.)

# Instructions to Application (continued)

## 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, DST. 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**  
**c/o DST Systems, Inc.**  
**210 W. 10<sup>th</sup> St., 8<sup>th</sup> Fl.**  
**Kansas City, MO 64105-1802**

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