Change of Broker/Dealer Form

Account Assistance: 1.800.544.4653

Date	y:	
То:	VanEck Funds P.O. Box 218407 Kansas City, MO 64121-8407	
Re:	VanEck Fund Name(s): Please indicate Fund class	VanEck Account Number(s):
Acc	ount Registration	
	er Name:	or the representative on the above account(s) to:
		Branch Code:
		Rep #
Tele	phone Number:	
Only	the Signature of the Registered Ow	ner(s) Can Authorize the Change of a Broker/Dealer
 Signa	nture of Registered Owner or Trustee/Custodian	
Signs	ature of Co-owner (if any)	Telephone Number

