



VanEck Funds Electronic Dividend Transfer – Application

The “Electronic Dividend Transfer” privilege allows you to have your dividends and/or capital gains deposited directly into your bank account, automatically and at no charge. Instead of receiving checks for dividends and/or capital gains, such distributions are processed through the Automated Clearing House (ACH) and deposited to your designated bank account, ordinarily within two business days after payment date. Retirement Plan accounts, accounts held on behalf of minors, and accounts with IRS withholding may not use this service.

Existing VanEck Fund and Account Information

_____ Full VanEck Fund Name (Please indicate Fund class.)

_____ VanEck Account Number

Dividend Option

(If no designation is made, both dividends and capital gains will automatically be transferred to the bank account indicated below.)

Transfer my dividends to my bank account indicated below. Transfer my capital gains to my bank account indicated below.

Bank Account Information

_____ Name of Bank

_____ Bank ABA (routing) Number (if known)

_____ Address of Bank

_____ City

_____ State

_____ Zip

_____ Bank Account Number (please attach deposit slip)

_____ Full Name(s) of Bank Account

Shareholder Authorization

All registered owners must sign exactly as their names appear on the account registration. If account is held jointly, both owners must sign. In the case of estates, trusts, guardianships, custodianships, partnerships and corporations (e.g., appointments as executor or administrator, trust instruments or certificates of corporate authority), please attach any additional documents concerning authority and related matters. If applicable, please indicate title or capacity under your signature. Signatures must be guaranteed with a “signature guarantee stamp” from your bank or broker if this application is used to establish the Electronic Dividend Transfer privilege on an existing account.

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 privilege will require a new authorization form to be completed and submitted to DST. The privilege may be terminated by the shareholder at any time on 15 days written notice to DST.

I authorize the transfer agent for VanEck Funds, DST Systems, Inc. (“DST”), to transfer distributions from my VanEck Fund account to my designated account in a domestic commercial bank which is a member of the Federal Reserve System, as indicated above. In the case of a shareholder other than an individual, I certify that the person(s) signing have been duly elected and are now legally holding the title(s) below their name(s) and the organization is duly organized and existing and has the power to authorize the Electronic Dividend Transfer privilege and that the organization will notify DST of any change in such authority.

X _____

X _____

Signature(s) of registered owner(s) *Indicate title or capacity if applicable

Signature Guarantee(s)

Telephone Number _____

Date _____ (MM/DD/YYYY)

Please mail this application to: VanEck Funds
P.O. Box 218407
Kansas City, MO 64121-8407
Account Assistance: 1.800.544.4653