

VanEck Funds

Legal Entity Beneficial Ownership Certification Form

This form may be used to update information on existing business legal entity accounts held directly at VanEck Funds and to supplement VanEck Funds Account Applications, as needed, if you are opening a new business legal entity account directly with the VanEck Funds. You cannot open a new business legal entity account with this form alone. To obtain an Account Application or for assistance, call VanEck Account Assistance at 800.544.4653. Mail completed form to VanEck Funds, P.O. Box 218407, Kansas City, MO 64121.

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 names, addresses, dates of birth, and other information that will allow us to identify you and certain other natural persons and/or entities associated with the account. 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 provided on this account registration 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.

Type of Account Registration (Select one type only. Please print clearly.)

the USA Patriot Act, you do not need to complete the Authorized Trader section below.

☐ FINRA-registered broker/dealer

☐ Federal, state or local government entity

☐ Retirement Plan (ERISA Plans only)

Business Account (Select the type(s) of business legal entity and complete the information below.) 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 to satisfy USA Patriot Act requirements before this form for the account can be accepted. However, if your business legal entity is an "Excluded Entity" under the USA Patriot Act, information for "Authorized Trader" and "Beneficial Owner" and "Control Person" may not be required - see "Excluded Entity" box below for details. ☐ C-Corporation under Chapter 1(C) of IRS Code ☐ Limited Liability Company ☐ S-Corporation under Chapter 1(S) of IRS Code □ Broker/Dealer ☐ Bank/Trust Co. ☐ Retirement Plan (ERISA Plans only) ☐ Bank Nominee Name ☐ Sole Proprietorship ☐ Omnibus (registered in name of financial institution for □ Partnership the benefit of multiple underlying shareholders) ☐ Statutory Trust ☐ 501(c)(3) Non-Profit/Charitable Organization □ Other Account Registration: Business name of Corporation, Non-Profit/Charitable Organization, or other legal entity under which account will be registered Existing VanEck Funds Account Number(s) (if applicable): 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

☐ U.S. publicly traded corporation. Stock symbol _

☐ Other Federal-regulated financial institution

☐ Federal or state-regulated bank or trust company

		- 1			
٧a	ne	CK	(.c	or	n

for at least one individual	l who is legally authorized	ed Entity as checked in the box about to act on behalf of this account for se attach a list with all the required	the business legal entity. If	
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:
				☐ U.S. Citizen
				☐ Resident Alien
				☐ Non-Resident Alien
	1			
section.) The following in arrangement, understand which the account will be	oformation is required for e ding, relationship, or other e registered. All Beneficial se attach a list with all the l	ofits, religious organizations, and so each individual person or entity, if ar wise, <u>owns 25 percent or more</u> of th Owners that meet this definition mu required information. <u>Note: If no ind</u>	ny, who, directly or indirectly the equity interests of the lea st provide the required info	y, through any contract, gal entity listed above under ormation. For additional
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:
				☐ U.S. Citizen☐ Resident Alien☐ Non-Resident Alien
				☐ U.S. Citizen☐ Resident Alien☐ Non-Resident Alien
				☐ U.S. Citizen☐ Resident Alien☐ Non-Resident Alien
				☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien
				☐ U.S. Citizen☐ Resident Alien☐ Non-Resident Alien
				☐ U.S. Citizen☐ Resident Alien☐ 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.

including non-profits, re responsibility for manag Financial Officer, Chief	eligious organizations, and ging the legal entity listed Operating Officer, Manag	quired to complete this section. All oth d sole proprietorships. The following in above, such as 1) an executive office ging Member, General Partner, Presio ppriate, an individual listed as a Bener	nformation is required for er or senior manager (e.g dent, Vice President, Tre	r <u>one</u> individual with significant n., Chief Executive Officer, Chie asurer); or 2) any other individu		
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:		
				☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien		
you do not have a U.Sissu identification card number a similar safeguard.	ed SSN or ITIN, you are requ nd country of issuance, or oth	Identification Number ("ITIN"). For a non-U uired to provide your Passport Number and her similar government-issued document e	country of Issuance, or you videncing nationality or resid	r country's government-issued dence and bearing a photograph or		
Print full name and title	of the natural person ope	n for this Legal Entity Account ening or updating information for this I is authorized to sign this form on beh	legal entity account, who			
Print Full Name of Na	atural Person			Print Title		
have the full right, power	er and authority to sign the ncluding any Tax Identific	entities are required to complete this is form on behalf of the legal entity na ation Number or Social Security Num	amed in the Account Reg	istration and that the information		
Signature of Natural	(mm/dd/yyyy)					
		s legal entity account directly with tain an Account Application or for				
Regular mail to: Express mail to:						
VanEck Funds		VanEck Funds				
P.O. Box 218407		801 Pennsylvania Ave	е,			
Kansas City, MO 647	121-8407	Suite 218407				
		Kansas City MO 641	05-1307			

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