



IRA Application

For Traditional, ROTH, SEP, and SIMPLE IRAs

Mail to: The Tocqueville Trust
 c/o U.S. Bancorp Fund Services, LLC
 PO Box 701
 Milwaukee, WI 53201-0701

Overnight Express Mail To: The Tocqueville Trust
 c/o U.S. Bancorp Fund Services, LLC
 615 E. Michigan St., FL3
 Milwaukee, WI 53202-5207

>> In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number, and permanent street address**. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1 Type of IRA

If no tax year is indicated, we will assume it is for the current tax year. Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

Traditional IRA Account

- For tax year _____
- IRA to IRA Transfer (please complete IRA Transfer Form)
- Rollover (shareholder had receipt of funds)
- Inherited IRA - Name of Decedent _____ Date of Death _____ Date of Birth _____

IRA Rollover Account

- Rollover IRA to Rollover IRA
- Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator.
 Please check the type of qualified plan:
 Corporate Pension Profit Sharing Plan 401(k) 403(b) Other _____

ROTH IRA Account

- For tax year _____
- Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
- Traditional IRA Conversion to Roth IRA – year of conversion _____ in which Traditional IRA was converted to Roth IRA
- Rollover from Roth IRA (shareholder had receipt of funds)
- Inherited Roth IRA - Name of Decedent _____ Date of Death _____ Date of Birth _____

SEP (Simplified Employee Pension Plan) – Each employee must complete an IRA Application.

- Contribution
- Transfer from another SEP IRA Account
- Rollover (shareholder had receipt of funds)

SIMPLE IRA (Be sure to complete Section 10)

- Contribution
- Transfer from another SIMPLE IRA Account
- Rollover (shareholder had receipt of funds)

2 Investor Information

Individual

| | | | |
|------------------------|------|-----------|----------------------------|
| | | | |
| FIRST NAME | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| | | | |
| SOCIAL SECURITY NUMBER | | | |

3 Permanent Street Address

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

| | | | |
|----------------------|--|----------------------|----------|
| STREET | | APT / SUITE | |
| CITY | | STATE | ZIP CODE |
| DAYTIME PHONE NUMBER | | EVENING PHONE NUMBER | |
| E-MAIL ADDRESS | | | |

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

| | | | |
|--------------|--|-------------|----------|
| COMPANY NAME | | NAME | |
| STREET | | APT / SUITE | |
| CITY | | STATE | ZIP CODE |

Mailing Address* (if different from Permanent Address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

| | | | |
|--------|--|-------------|----------|
| STREET | | APT / SUITE | |
| CITY | | STATE | ZIP CODE |

* A P.O. Box may be used as the mailing address.

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

| | | | |
|--------------|--|-------------|----------|
| COMPANY NAME | | NAME | |
| STREET | | APT / SUITE | |
| CITY | | STATE | ZIP CODE |

4 Investment Amount

By check: Make check payable to the The Tocqueville Trust.

Note: Cashier's checks of \$10,000 or less, money orders of any amount and third party checks are not accepted.

By wire: Call 1-800-697-3863.

Note: A completed application is required in advance of a wire.

Investment Amount

\$250 Minimum

| | | | |
|---|-----|----|--|
| <input type="checkbox"/> The Tocqueville Fund | 914 | \$ | |
| <input type="checkbox"/> The Tocqueville Opportunity Fund | 915 | \$ | |
| <input type="checkbox"/> The Tocqueville International Value Fund | 916 | \$ | |
| <input type="checkbox"/> The Tocqueville Gold Fund | 919 | \$ | |
| <input type="checkbox"/> The Delafield Fund | 924 | \$ | |
| <input type="checkbox"/> The Tocqueville Select Fund | 923 | \$ | |

5 Automatic Investment Plan (AIP)

Your signed Application must be received at least 15 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 7 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one): Weekly Monthly Quarterly Semi-Annually Annually

If no option is selected, the frequency will default to monthly.

\$100 minimum

| | | | | |
|---|-----|--------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> The Tocqueville Fund | 914 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | <small>AMOUNT PER DRAW</small> | <small>AIP START MONTH</small> | <small>AIP START DAY</small> |
| <input type="checkbox"/> The Tocqueville Opportunity Fund | 915 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | <small>AMOUNT PER DRAW</small> | <small>AIP START MONTH</small> | <small>AIP START DAY</small> |
| <input type="checkbox"/> The Tocqueville International Value Fund | 916 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | <small>AMOUNT PER DRAW</small> | <small>AIP START MONTH</small> | <small>AIP START DAY</small> |
| <input type="checkbox"/> The Tocqueville Gold Fund | 919 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | <small>AMOUNT PER DRAW</small> | <small>AIP START MONTH</small> | <small>AIP START DAY</small> |
| <input type="checkbox"/> The Delafield Fund | 924 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | <small>AMOUNT PER DRAW</small> | <small>AIP START MONTH</small> | <small>AIP START DAY</small> |
| <input type="checkbox"/> The Tocqueville Select Fund | 923 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | <small>AMOUNT PER DRAW</small> | <small>AIP START MONTH</small> | <small>AIP START DAY</small> |

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

6 Telephone and Internet Options

Your signed Application must be received at least 15 business days prior to initial transaction.

Purchase (EFT) \$100 minimum – permits the purchase of shares from your bank account.

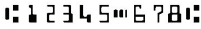
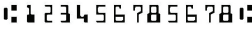
Attach a voided check to Section 7.

Exchange \$250 minimum – permits the exchange of shares between identically registered accounts.

Redemption \$100 minimum – You may redeem shares by telephone. The proceeds will be mailed to the address in Section 2. Proceeds may also be deposited directly into your bank account by Electronic Funds Transfer (EFT) or by wire. *Please complete Section 7 if proceeds are to be deposited into your bank account or wired.

7 Voided Check for Bank Information

Please attach a voided check or savings deposit slip to this application if you chose the Automatic Investment Plan. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

| | |
|---|--------------|
| John Doe Jane Doe 123 Main St. Anytown, USA 12345 | 53289 |
| VOID | |
| Pay to the order of _____ | \$ _____ |
| _____ DOLLARS | |
| Memo _____ | Signed _____ |
|   | |

8 Beneficiary Information | If you need more space, please enclose a separate sheet of paper.

Primary

| | | | | | |
|---------------------|-----------------------------|-------------------------------|---------------------------------------|------------------------------|------------------|
| | | | | | |
| <small>NAME</small> | <small>RELATIONSHIP</small> | <small>CITY/STATE/ZIP</small> | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |
| | | | | | |
| <small>NAME</small> | <small>RELATIONSHIP</small> | <small>CITY/STATE/ZIP</small> | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |
| | | | | | |
| <small>NAME</small> | <small>RELATIONSHIP</small> | <small>CITY/STATE/ZIP</small> | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |

Secondary

| | | | | | |
|---------------------|-----------------------------|-------------------------------|---------------------------------------|------------------------------|------------------|
| | | | | | |
| <small>NAME</small> | <small>RELATIONSHIP</small> | <small>CITY/STATE/ZIP</small> | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |
| | | | | | |
| <small>NAME</small> | <small>RELATIONSHIP</small> | <small>CITY/STATE/ZIP</small> | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |
| | | | | | |
| <small>NAME</small> | <small>RELATIONSHIP</small> | <small>CITY/STATE/ZIP</small> | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

| | |
|------------------------------------|---------------------|
| X | |
| <small>SIGNATURE OF SPOUSE</small> | <small>DATE</small> |

9 Signature

- ✓ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt The Tocqueville Trust Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for The Tocqueville Trust (the "Fund"). I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify The Tocqueville Trust within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. [If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)]
- ✓ If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.
- ✓ Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.
- ✓ I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.
- ✓ The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "The Tocqueville Trust") will not be responsible for banking system delays beyond their control. By completing Sections 5, or 9, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. The Tocqueville Trust will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. 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 any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

X

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (MM/DD/YYYY)

Appointment as Custodian accepted:
U.S. BANK, NA



10 SIMPLE IRA Plans Only

Employer Information:

| | |
|--|--|
| | |
|--|--|

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

| | | |
|--|--|--|
| | | |
|--|--|--|

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT NAME

EMPLOYER CONTACT BUSINESS PHONE

11 Dealer Information

DEALER NAME

DEALER'S ID

BRANCH ID

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

REPRESENTATIVE'S ID

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS

CODE

CITY / STATE / ZIP

TELEPHONE NUMBER



Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Social Security or Tax ID Number in Section 2?
 - Birth Date in Section 2?
 - Full Name in Section 2?
 - Permanent street address in Section 3?
- Enclosed your check made payable to The Tocqueville Trust?
- Included a voided check, if applicable?
- Signed your application in Section 9?

For additional information please call toll-free 1-800-697-3863 or visit us on the web at www.tocquevillefunds.com.