



Midas Funds
PO Box 6110
Indianapolis, IN 64206-6110
www.MidasFunds.com

MIDAS SALARY INVESTING PLAN AUTHORIZATION AGREEMENT

Please send to Midas Funds and keep a copy for your records.

1. Authorization (Please Type or Print)

I authorize my employer listed below ("Employer") to automatically deduct from my salary and invest the deducted amount in my Midas Funds account through the Midas Salary Investing Plan.

Employer Name _____ Attention of _____ Telephone _____
Address _____ City _____ State / Zip _____

2. Midas Funds Account Information

Please deposit the following amount (\$100 minimum per month) of my salary by wire or ACH credit:

All , or \$ _____ Into: Midas Fund Midas Special Fund Midas Dollar Reserves

Midas Funds Account Number - -

3. Signature

This authorization shall remain in full force and effect until my Employer has received written notification from me of its termination in such time and in such manner as to be provided with a reasonable opportunity to act upon it.

Signature _____ Date _____

Name (please print) _____

If you have any questions, please call 1-800-400-MIDAS (6432) Monday through Friday between 8 a.m. and 6 p.m. and speak with a Shareholder Services Representative.