



Trust Certification Form

This **Trust Certification Form** is used to certify that the representations and warranties in the trust document are true and complete. As required by federal law, we will use the trustee information provided below to verify your identity. If you have any questions regarding this form, please call Shareholder Services at 1-800-400-6432.

PART A: TRUST INFORMATION (*Denotes Required Information)

Name of Trust*	Date of Trust*
<input type="text"/>	<input type="text"/>

PART B: TRUSTEE INFORMATION (*Denotes Required Information)

The following information is needed for each trustee. If there are additional owners on the account, please provide the necessary information on a separate sheet attached to this form.

Trustee #1

Name of Trustee* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)* Apartment #		City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Daytime Phone*				

Trustee #2

Name of Trustee* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)* Apartment #		City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Daytime Phone*				

PART B: TRUSTEE INFORMATION (*Denotes Required Information)-CONTINUED

Trustee #3

Name of Trustee* (First, M.I., Last) Date of Birth* Social Security Number*

Street Address (Physical Address)* Apartment # City* State* Zip Code*

Mailing Address (if different from above) City State Zip Code

Daytime Phone*

Trustee #4

Name of Trustee* (First, M.I., Last) Date of Birth* Social Security Number*

Street Address (Physical Address)* Apartment # City* State* Zip Code*

Mailing Address (if different from above) City State Zip Code

Daytime Phone*

MAILING INSTRUCTIONS

Please mail-completed form and application to:

Regular Mail Delivery
Midas Funds
P.O. Box 6110
Indianapolis, IN 46206-6110

Overnight Delivery
Midas Funds
2960 N. Meridian Street Suite 300
Indianapolis, IN 46208