



## Account Options Form

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Account owner's name: \_\_\_\_\_ Account number: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

### OPTIONS SELECTIONS:

- |                                                              |                                                                |
|--------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Contact Information (Section A)     | <input type="checkbox"/> Name (Section B)                      |
| <input type="checkbox"/> Dividends/Capital Gains (Section C) | <input type="checkbox"/> Bank Information (Section D)          |
| <input type="checkbox"/> Automatic Purchase Plan (Section E) | <input type="checkbox"/> Automatic Redemption Plan (Section F) |
| <input type="checkbox"/> Cost-Basis Method (Section G)       | <input type="checkbox"/> Duplicate Statements (Section H)      |
| <input type="checkbox"/> Telephone Permissions (Section I)   | <input type="checkbox"/> Sales Charge Reduction (Section J)    |

A signature in **SECTION K** is required for **all** selections. Certain selections will require a signature guarantee or notary seal.

**SECTION A – Address & Contact Information (Redemptions to the new address will not be available for a period of 30 calendar days following any mailing address change unless accompanied by a signature guarantee.)**

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My Mailing Address should be updated to:

Street \_\_\_\_\_ Apartment/Unit/Other \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My Phone Number(s) should be updated to: (\_\_\_\_) \_\_\_\_-\_\_\_\_ (\_\_\_\_) \_\_\_\_-\_\_\_\_

My E-Mail Address should be updated to: \_\_\_\_\_

**SECTION B – Name Change (A signature guarantee stamp or notary seal will be required for the shareholder's signature.)**

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Current Name of Record \_\_\_\_\_

New Name of Record \_\_\_\_\_



**SECTION C – Dividends & Capital Gains Distributions Elections**

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- Pay Dividends in Cash                       Reinvest Dividends
- Pay Capital Gains in Cash                       Reinvest Capital Gains
- Pay Cash Distributions selected above via check to the address of record
- Pay Distributions selected above via check to the following payee and address (A signature guarantee will be required for the investor's signature.)

Payee \_\_\_\_\_ Payee \_\_\_\_\_  
 Apartment/Unit/Other \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION D – Bank Information (A voided photocopy of a check or deposit slip with the investor's name preprinted in the registration is required. A signature guarantee or notary will be required for the investor's signature for any discrepancy in the title or registration.)**

Bank Routing/ABA # \_\_\_\_\_  
 Bank Account/DDA # \_\_\_\_\_  
 Bank Account Title/Registration \_\_\_\_\_

**SECTION E – Automatic Purchase Plan (If no bank instructions are currently registered to the account, Section D must also be completed for this selection. A signature guarantee or notary may be required.)**

**Select a Frequency and date** (If no date is indicated, purchases will be made on or about the 15th of the month via ACH draft.)

- Monthly                       Quarterly

Start Month \_\_\_\_\_ Start Date \_\_\_\_\_  
 Fund \_\_\_\_\_ Purchase Amount: \_\_\_\_\_  
 Fund \_\_\_\_\_ Purchase Amount: \_\_\_\_\_

**SECTION F – Automatic Redemption Plan**

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- Send redemption proceeds to the address of record.
- Send redemption proceeds made payable to the following payee and address (A signature guarantee is required for the signature for this selection):

Payee: \_\_\_\_\_  
 Address: \_\_\_\_\_



Select a Frequency (choose one (1)) (Redemptions will be processed on or about the 15th of the month)

**SECTION F – Automatic Redemption Plan (Continued)**

- Monthly  Semi-annually
- Annually  Quarterly
- Other

Start Month \_\_\_\_\_

Fund \_\_\_\_\_

Purchase Amount: \_\_\_\_\_

Fund \_\_\_\_\_

Purchase Amount: \_\_\_\_\_

**SECTION G – Cost-Basis Election (Questions regarding cost-basis elections should be directed to a licensed financial planner or licensed tax professional). This election is applied to Covered Shares only (shares purchased after January 1, 2012). Unless Specific Lot Identification (SLID) is selected at the time of sale, Non-Covered Shares (shares purchased prior to January 1, 2012) will be sold first until exhausted.**

- Average Cost:: Values the cost of shares in an account by averaging the value of all transactions in the account.
- First In, First Out: (FIFO ) Shares with the earliest purchase date in an account are the first shares sold.
- High Cost, First Out (HIFO) Shares with the highest purchase price are the first shares sold.
- Last In, First Out (LIFO): Available shares with the most recent purchase date are sold first.
- Low Cost, First Out (LOFO): Shares with the lowest purchase price are the first shares sold.
- Loss/Gain Utilization (LGUT): Shares with calculated losses are sold before shares with calculated gains. For lots that yield a loss, short-term lots will be sold before lots with a long-term loss. For gains, lots with long-term calculated gains will be sold before lots with short-term calculated gains.
- Specific Lot Identification (SLID): The investor is required at the time of any sale (redemption) to provide the selling agent with instructions indicating the specific lots (based on date of purchase) to be sold. In the event that the shareholder is not able to provide the specific lot(s) of shares to be sold at the time of sale (redemption) the shareholder must also select a secondary cost-basis method to be automatically used as an alternate method. This method will be used for any automatic redemption plan on your account.

**Secondary Cost-Basis Method Election (To accompany SLID)**

- Average Cost  First In, First Out
- High Cost, First Out  Last In, First Out
- Low Cost, First Out  Loss/Gain Utilization

**SECTION H – Duplicate Statements**

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Name	Street		
Apartment/Unit/Other	City	State	Zip



**SECTION I – Telephone Permissions**

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- Redemptions in the form of a check to the address of record. (Not available for IRA-registered accounts and certain entity registrations.)
- Redemptions in the form of a wire to the bank instructions on file. (\$1,000.00 minimum. Not available for IRA-registered accounts and certain entity registrations.)
- Exchanges between funds. (Only available between funds in the same share class.)

**SECTION J – Sales Charge Reduction (Available only for A Share Class investments)**

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**Letter of Intent:**

I agree to the Letter of Intent provisions set forth in the Instructions to Application, the Prospectus, and Statement of Additional Information. Please link my existing accounts listed below, if any, under my LOI. I intend to invest an aggregate amount at least equal to the amount selected below over a thirteen (13) month period from the trade date of this purchase (or retroactively dated up to ninety (90) days to a previous purchase dated \_\_\_\_\_)

- |                                    |                                    |                                      |
|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$25,000  | <input type="checkbox"/> \$50,000  | <input type="checkbox"/> \$100,000   |
| <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000 |

**Rights of Accumulation:** Please link the following account(s) for purposes of aggregating my(our) investments in the Class A and(or) C shares for purposes of reducing the sales charge according to the total net amount invested with VanEck Funds:

Account Number _____	Account Number _____
Account Number _____	Account Number _____
Account Number _____	Account Number _____



**SECTION K - Signatures**

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Please sign your name identical to your account registration.

A Signature Guarantee stamp is required if any of the following apply:

- You request a systematic redemption in excess of \$50,000.00 in the form of a check.
- You are signing on behalf of the shareholder (additional documentation may be required).
- You are requesting payment be made to an alternate payee, or address or bank not already currently listed on the account.
- The address has been changed within the last thirty (30) days.

Notarization by a notary public is **not acceptable** for the above.

\_\_\_\_\_  
**Shareholder Signature**

\_\_\_\_\_  
**Date**                      \_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Shareholder Signature**

\_\_\_\_\_  
**Date**                      \_\_\_\_\_  
**Title**

**Affix Signature Guarantee (or Notary Seal) here:**

**Affix Signature Guarantee (or Notary Seal) here:**

**Please send via mail to:**

**Regular Mail:**

Van Eck Funds  
PO Box 218407  
Kansas City, MO 64121-8407  
64105

**Overnight:**

Van Eck Funds  
210 W 10th St FL 8  
Kansas City, MO

For questions or additional assistance, please contact VanEck Funds at: **(800) 544 – 4653**

Representatives are available to assist you **Monday through Friday** between the hours of **9:00am** and **5:30pm** Eastern Time.

International callers can reach VanEck Funds at: **(816) 435 - 1680**