

# RYDEX FUNDS NEW ACCOUNT APPLICATION

Please do NOT use this form to establish any type of Rydex IRA

For more information, please contact us toll free at 800.820.0888, direct dial 301.296.5406 or fax 301.296.5103. Visit our Web site at www.rydexfunds.com.

9601 Blackwell Road, Suite 500  
Rockville, MD 20850

<b>FOR INTERNAL USE ONLY</b>
AC: _____
GPID: _____
QC: _____

## 1 ACCOUNT REGISTRATION (CHOOSE ONE)

Individual or Joint

Owner's Name  Mr.  Mrs.  Ms. Owner's Social Security Number Date of Birth

Joint Owner's Name (if applicable)  Mr.  Mrs.  Ms. Joint Owner's Social Security Number Date of Birth

Please specify type of joint account:

Tenants with Rights of Survivorship  Tenants in Common  Tenants by the Entirety  Community Property

Joint accounts will automatically be registered as "Joint Tenants with Rights of Survivorship" unless otherwise indicated.

UGMA/UTMA  
(Uniform Gifts to Minors/  
Uniform Transfers to Minors)

Custodian's Name (one name only)  Mr.  Mrs.  Ms. Custodian's Social Security Number Date of Birth

Minor's Name Minor's Social Security Number Date of Birth

Minor's State of Residence \_\_\_\_\_

Trust

Name of Trust Trust TIN/Trustee's Social Security Number Date of Trust

Trustee's Name  Mr.  Mrs.  Ms. Co-Trustee's Name  Mr.  Mrs.  Ms.

A trust account cannot be established without a copy of the title page, authorized individual page and signature page of the Trust Agreement.

Corporation or Other Business Entity

Please specify type of entity:

Corporation  Partnership  Self Directed Retirement Plan  Other \_\_\_\_\_

Name of Corporation or Other Business Entity Taxpayer ID

Authorized Individual  Mr.  Mrs.  Ms. Co-Authorized Individual  Mr.  Mrs.  Ms.

A corporation or other business entity account cannot be established without a copy of the corporate resolution, partnership papers or other similar documents which specify authorized individuals.

## 2 MAILING AND CONTACT INFORMATION

For mailing outside the U.S., please provide Country of Residence, Province, Foreign Routing/Postal Code. Addresses must be provided for both owners and joint owners. A "Post Office Box" will not be accepted unless accompanied by a street address (attach separately if necessary).

Address Primary Telephone Number

Address Alternate Telephone Number

City State Zip Email Address

- I am interested in receiving email updates on Rydex funds and products.
- I am interested in receiving emails about general market and economic news.
- Please do not send me email other than specified regulatory information.

### 3

## CITIZENSHIP (PLEASE COMPLETE FOR EACH NAME IN THE REGISTRATION)

Owner, Custodian,  
Trustee

- U.S. Citizen**     **Resident Alien**  
(Must have U.S. Tax ID number and domestic address)
- Non-Resident Alien**  
Must be accompanied by appropriate IRS Form W-8 and must also include (1) Passport number and Country or (2) Alien ID card number and country of issuance or (3) Number and country of issuance of any other government issued document evidencing nationality or residence.

Country of Tax Residency \_\_\_\_\_

Gov't. ID Number \_\_\_\_\_

ID Type \_\_\_\_\_

Province (Canada Only) \_\_\_\_\_

Joint Owner, Minor,  
Co-Trustee

- U.S. Citizen**     **Resident Alien**  
(Must have U.S. Tax ID number and domestic address)
- Non-Resident Alien**  
Must be accompanied by appropriate IRS Form W-8 and must also include (1) Passport number and Country or (2) Alien ID card number and country of issuance or (3) Number and country of issuance of any other government issued document evidencing nationality or residence.

Country of Tax Residency \_\_\_\_\_

Gov't. ID Number \_\_\_\_\_

ID Type \_\_\_\_\_

Province (Canada Only) \_\_\_\_\_

### 4

## INVESTMENT SELECTIONS

The minimum investment is \$25,000

Please make checks payable to Rydex Funds.

Please make your initial investment selections from the enclosed list of Rydex funds. Indicate the dollar amount or percentage of total investment next to the fund name. If no fund selection is made, the investment will be credited to the Rydex U.S. Government Money Market Fund.

We can accept personal checks, ACH purchases and Fed wire purchases. All forms of payment must be in U.S. currency and drawn on a U.S. bank. We do not accept cash or cash equivalents, such as travelers' checks, money orders, bearer bonds, government checks, third-party checks or credit card convenience checks. Cashier's checks, bank checks, official checks and treasurers' checks under \$10,000 are also not accepted.

Fund Name	Allocation
_____	\$ _____ OR _____ %
_____	\$ _____ OR _____ %
_____	\$ _____ OR _____ %
_____	\$ _____ OR _____ %
_____	\$ _____ OR _____ %

Total Investment: \$ \_\_\_\_\_

### 5

## BANK INFORMATION (FOR REDEMPTIONS VIA WIRE)

Please complete this section if you would like to establish wire privileges.

- If this section is not completed, redemption proceeds may only be mailed, in the form of a check, to the address of record.
- To add this information after your account has been established, the instructions will require a signature guarantee.
- If you wish to establish privileges to more than one bank, please attach a separate page with the additional instructions.
- Instructions to wire funds to foreign institutions must include a U.S. correspondent bank.

ABA Number (Must be nine digits)

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Bank Address                      City                      State                      Zip

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
Additional Bank Information

# 6 SHAREHOLDER ACCOUNT OPTIONS

A voided check is required to establish ACH.



You will need to establish a password the first time you access your account online. You will need your Rydex account number and the account social security number in order to establish online access.

REDUCE MAILBOX CLUTTER!  
SIGN UP FOR EDELIVERY!



## Dividends and Capital Gains *(All dividend and capital gain distributions will be reinvested unless otherwise indicated)*

- Dividends:  Reinvest  Mail check to address of record  Send proceeds via ACH *(attach voided check)*
- Capital Gains:  Reinvest  Mail check to address of record  Send proceeds via ACH *(attach voided check)*

## Electronic Investing *(via ACH)*

Electronic investing allows you to automatically invest funds from your bank account into your Rydex account via ACH (Automated Clearing House). The minimum investment is \$50 per fund. We cannot establish ACH services using brokerage, cash management or mutual fund accounts. Your bank must be a member of the Automated Clearing House network.

I (we) authorize Rydex Funds to debit my bank account based on the instructions below.

Investments should take place: *(please check one)*

- On Demand *(On demand investments can be initiated via phone, Internet or in writing)*
- Monthly
- In the following months: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec *(please circle the appropriate months)*

Please process my automatic investments on the following date(s): \_\_\_\_\_

*If a date selected falls on a weekend or holiday, your request will be processed the next business day. If a date and/or frequency is not indicated, your investment will take place monthly on the 1st.*

Please start this service:  Immediately  On this date(s): \_\_\_\_\_

*This service will begin immediately unless otherwise indicated. Your application must be received in good order at least 15 days prior to the initial transaction in order to be processed.*

Please invest into:

_____	\$ _____	_____	\$ _____
Fund Name	Dollar Amount	Fund Name	Dollar Amount

*If no fund selection is made, funds will be credited to Rydex U.S. Government Money Market.*

## Shareholder Account Information Delivery Options *(Confirmations, Statements and Regulatory Materials)*

You may elect to suppress printed trade confirmations from generating each time a transaction is processed on your account. You will receive a "new account confirmation" when the first transaction posts to this account, even if you choose the option to suppress. Printed account statements will be mailed quarterly.

- Please suppress printed trade confirmations on this account. I understand that I will receive a new account confirmation when the first transaction posts and I will receive printed account statements on a quarterly basis.
- I would like to receive printed confirmations for all account activity, in addition to quarterly statements.

### eDelivery Services (Monthly)

You may elect to receive notification of statements, confirmations and regulatory materials (prospectus updates, annual and semi-annual reports) via email instead of printed versions using eDelivery Services. An email will be sent to you notifying you that these documents are available for you to view online. To subscribe to this service, log onto your account via the "Secure Account Login" on www.rydexfunds.com. Then click on the eDelivery Services link on the left side of the page. Electronic statements are available to view monthly with this option. When updated regulatory materials are available to view, you will receive an email with a hyperlink to each document. You may revoke consent and/or receive paper copies at anytime by unsubscribing on our Web site or by submitting your request in writing. If the email address you provide is invalid, you will receive printed versions of the documents.

## Trading Privileges

### Online

Your account may be traded online at www.rydexfunds.com by establishing online access via the Secure Account Login. Please review the prospectus for online trading rules. ***(Non U.S. investors: please call 800.487.9339 or 301.296.5406 to establish online access.)***

### Telephone

Telephone exchange, purchase and redemption privileges will be automatically granted unless indicated below. This privilege will be granted to any authorized trader of this account.

- I do not wish to have telephone trading privileges. I understand that all trade requests (exchanges, purchases, redemptions) must be made in writing.

## Authorized Traders (Optional)

You may assign trading privileges to other individuals that are not registered owners of this account.

**This section is not to be used to appoint a financial professional; please complete the Appointment of Financial Professional Form.**

\_\_\_\_\_ Transaction Types:  Exchanges only  All transactions

Name of Authorized Individual

IRFC

## 7 SIGNATURE AND CERTIFICATION

By signing this application, I certify that:

1. I have the full authority and legal capacity to open this account, am of legal age in the state in which I reside, and believe that each investment selected is suitable for this account.
2. I understand that Rydex Funds is requesting certain information regarding my identity in accordance with Federal law, such as name, address, date of birth, tax payer identification number and other information that will allow them to verify my identity, and agree that this account application is subject to a review process that may result in the account not being opened.
3. I understand that mutual funds carry certain risks as outlined in the prospectus for each fund in which I am investing, including the risk that shares may be worth less when they are redeemed than when they were purchased. I acknowledge that I have received and read each such prospectus, and I agree to be bound by its terms.
4. I authorize Rydex Funds, Rydex Fund Services, Rydex Distributors, and their respective affiliates, successors and assignees (collectively, Rydex) to act on any instructions believed to be genuine for any services authorized on this application, including telephone/electronic services. I agree that Rydex will not be liable for any loss, expense, or cost arising out of such instructions, provided that it institutes and follows reasonable procedures to confirm that instructions received are genuine.
5. I understand that all telephone calls made to or received by Rydex may be recorded for security, verification and quality control purposes.
6. I agree that I will review all account statements and trade confirmations upon receipt, and I will notify Rydex immediately of any discrepancy.
7. I understand that if a purchase made for my account is cancelled for any reason, I will not be entitled to benefit from any gains the fund(s) may experience. In addition, I agree that I will be held liable for any losses that result from the cancelled purchase.
8. I have relied on my own independent judgment or the judgment of my advisor, with respect to the suitability of each investment for this account, and I acknowledge that Rydex has not provided me with investment, tax, or legal advice of any kind.
9. **Under penalties of perjury:**
  - a. The taxpayer identification number(s) shown on this application are correct.
  - b. I am NOT subject to Internal Revenue Service (IRS) backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) I have been notified by the IRS that I am no longer subject to backup withholding. (Cross out this item 9.b. if you are currently subject to backup withholding.)
  - c. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
10. The information provided on this application is true, accurate and complete.

✗

\_\_\_\_\_  
Signature of Owner, Trustee or Custodian

\_\_\_\_\_  
Please Print Name (and Title if Applicable)

\_\_\_\_\_  
Date

✗

\_\_\_\_\_  
Signature of Joint Owner or Co-trustee

\_\_\_\_\_  
Please Print Name (and Title if Applicable)

\_\_\_\_\_  
Date

**Before you mail, have you:**

- Enclosed your check payable to Rydex Funds?
- Entered your Social Security or Tax ID Number?

Signed your application?



# APPOINTMENT OF FINANCIAL PROFESSIONAL

<b>Internal Use Only:</b> AC: _____ GPID: _____
---

This form is used to authorize one or more Financial Professionals (e.g., an investment advisor and/or a broker) to give Rydex Funds ("Rydex") instructions on your behalf for transactions in your account. This form must be completed and signed by the registered account owner(s) and all appointed Financial Professionals.

\_\_\_\_\_  
Account Registration

\_\_\_\_\_  
Rydex Account Number\*

*\*If you are establishing a new Rydex account, please send a completed application with this form and leave the account number line above blank.*

## AUTHORIZATION OF FINANCIAL PROFESSIONAL

*The following Appointment and, if applicable, Authorization will remain in full force and effect until such time as Rydex receives a written notice of revocation signed by the registered account holder(s), and will extend to the benefit of Rydex's successors and assigns.*

### Appointment of Financial Professional

I hereby appoint the Financial Professional(s) set forth below as my agent and attorney-in-fact for the purpose of giving Rydex instructions for transactions in my account, and authorize the Financial Professional(s) to take all other actions necessary or incidental thereto. Rydex may rely on such instructions without obtaining any further approval, counter-signature or co-signature from me or the Financial Professional(s).

I understand that the Financial Professional(s) is not an agent or employee of Rydex, its affiliates or agents, and neither Rydex nor its employees, agents or affiliates have approved or made any recommendation, representation or endorsement of the Financial Professional(s). I will indemnify and hold harmless Rydex, its officers, directors, employees and agents against any and all losses, claims, damages, liabilities, penalties, actions, proceedings, judgments or costs, including attorney's fees, which these parties may incur by relying upon the representations of the Financial Professional(s), or for acting on any authorizations I have given herein. This duty to indemnify and hold harmless shall survive the termination of this appointment and the termination of all authorizations granted by me to Rydex.

### Authorization to Pay Management Fees (optional)

- By checking this box, I authorize Rydex to pay the account management fee owed by me to the Financial Professional(s) directly from my account, as invoiced by the Financial Professional(s). Rydex may sell shares in any of the Rydex funds held in my account in order to pay these fees, in the absence of receiving directions from the Financial Professional(s), and will not be obligated to contact me before doing so. Rydex may rely on invoices provided by the Financial Professional(s). Rydex will have no responsibility to calculate or verify fees so invoiced.

\_\_\_\_\_  
Signature of Owner, Trustee or Custodian

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner, Trustee or Custodian

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

## SHARE CLASS DESIGNATION

Please complete this section to designate the share class of the Rydex funds to be purchased in this account. If a share class is not indicated below, the account will automatically purchase Investor/H class shares.

Investor/H Class

Advisor/H Class

C Class

## FINANCIAL PROFESSIONAL INFORMATION

To be completed by the Financial Professional(s).

By completing and signing this section, I (the Financial Professional) accept the terms set forth above in "Authorization of Financial Professional." I understand that this acceptance will remain in full force and effect until such a time as Rydex receives written notice of its revocation from me, a representative of my firm or the registered account owner(s). I understand that if the registered account owner(s) revokes the Appointment and/or Authorization set forth above, Rydex will not take any further instructions from me without written consent from the registered account owner(s).

If the registered account owner(s) have authorized the management fee deduction provision above, I agree (i) to provide Rydex with true and accurate invoices of the management fees owed to me by the registered account owner(s), and (ii) to designate on each invoice which Rydex Fund shares are to be sold in order to pay these fees. I represent that I am authorized under all applicable laws to receive such fees. I will send the registered account owner(s) notification of the amount of each invoice I provide to Rydex. I acknowledge that any management fee deduction is a service provided by Rydex to registered account owner(s), and understand that Rydex makes no guarantees regarding this service. I will indemnify and hold harmless Rydex, its officers, directors, employees and agents against any and all losses, claims, damages, liabilities, penalties, actions, proceedings, judgments or costs, including attorney's fees, which these parties may incur by relying upon my representations or the authorizations.

## REGISTERED INVESTMENT ADVISOR INFORMATION

Company Name

Telephone Number

Email Address

Address

Trading Group Number

City State Zip

Advisor's Authorized Signature

An account may only have one Trading Group Number assigned.

## BROKER DEALER INFORMATION (For Registered Representatives)

Firm Name

Telephone Number

Rep Email Address

Rep Name

Rep Code

Branch Code

Branch Address

City State Zip

Trading Group Number

B/D Registered Representative's Authorized Signature

An account may only have one Trading Group Number assigned.