



**403(B)(7) RETIREMENT PLAN
SALARY REDUCTION AGREEMENT**

U.S. Mail
Midas Funds
P.O. Box 6110
Indianapolis, IN 46206-6110
Toll Free 1-800-400-MIDAS (6432)

Overnight
Midas Funds
431 N. Pennsylvania Street
Indianapolis, IN 46204
Toll Free 1-800-400-MIDAS (6432)

Complete this form in order to have salary deferrals from your employer sent to your Midas 403(b)7 custodial account with Unified Financial Securities, Inc. as custodian. Please be sure that you and your employer sign below before submitting a copy of this agreement to the Fund(s).

1 EMPLOYEE AND EMPLOYER INFORMATION

_____ Name of Employee	_____ Social Security Number	_____ ()
_____ Address	_____ Business Telephone Number	_____ Residence Telephone Number
_____ City, State & Zip		
_____ Name of Employer	_____ Telephone No.	
_____ Address	_____ Fax Number	
_____ City, State & Zip	_____ Contact Person	

2 AMOUNT AND FREQUENCY OF DEFERRALS

The parties named above hereby agree to the following salary reduction agreement:

The salary or wages of the employee will be reduced by \$ _____ or _____ % per pay period and the employer will contribute the amount to the employee's custodial account.

The amount will be sent: Monthly Bi-monthly Weekly.

3 SIGNATURES AND CERTIFICATIONS

The Agreement is intended to meet the requirements of Section 403(b)(7) of the Internal Revenue Code. The employee acknowledges and agrees that the employer has no responsibility or obligation under this agreement except payment of the aforementioned contributions. The employee releases the employer from any and all other liability whatsoever.

IN WITNESS WHEREOF, the employee and employer signing below agree on the terms and conditions set forth above:

EMPLOYEE:

By: _____

Date: ____/____/____

EMPLOYER:

By: _____

Title: _____

Date: ____/____/____

Please return a copy of this agreement with your Custodial Account Agreement to the address above.