



MIDAS FUNDS EDUCATION SAVINGS ACCOUNT TRANSFER REQUEST

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

Overnight:
Midas Funds
2960 N. Meridian Street. Ste. 300
Indianapolis, IN 46208
Toll Free 1-800-400-MIDAS (6432)

1 NAME AND ADDRESS

Name (First, Initial, Last) _____ Social Security No. _____ Date of Birth _____
 Street or P.O. Box _____ (_____) _____ (_____) _____
 City, State and Zip _____ Business Phone _____ Home Phone _____

2 TRANSFER/DIRECT ROLLOVER REQUEST

I have established a Midas Funds Education Savings Account with Unified Financial Securities, Inc. as custodian and I request that my Education Savings Account funds be transferred/directly rolled over to my Midas Education Savings Account with Unified Financial Securities, Inc. as Custodian from the following Education Savings Account:

Name of present Custodian, Trustee or Employer: _____ Account No.: _____
 Street Address: _____ City: _____ State: _____ ZIP: _____

I authorize the present Custodian/Trustee of the above described Education Savings Account to directly send the assets indicated in Section 3 below to my Midas Funds Education Savings Account.

If you choose to wire-transfer your funds, contact the Fund for instructions.

3 PAYMENT INFORMATION

Payment Schedule. I authorize and direct you to send my assets as follows:

Immediately liquidate all assets and send the cash proceeds. Send cash proceeds of all investments at maturity
 Send the assets received at maturity for each of the investments listed below: Other: _____

<u>Investment</u>	<u>Maturity Date (if applies)</u>	
_____	_____	_____
_____	_____	_____

4 INVESTMENT INFORMATION

I direct my transfer or direct rollover to be invested as follows:

Midas Fund, Inc.: \$ _____ Midas Special Fund, Inc.: \$ _____ Midas Dollar Reserves, Inc.: \$ _____

5 SIGNATURES AND CERTIFICATIONS: *(You may wish to retain a copy of this form for your records)*

I certify that I have established a Midas Funds Education Savings Account with Unified Financial Securities, Inc. as Custodian by the completion of an Education Savings Account Adoption Agreement. I agree to contact my present custodian/trustee that I am transferring from to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold Midas Funds, Investor Service Center, Inc., the Funds' distributor, and Unified Financial Securities, Inc. harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that Midas Funds, Investor Service Center, Inc., the Funds' Distributor, and Unified Financial Securities, Inc. cannot provide legal advice and I agree to consult with my own tax professional for advice.

Signature of Individual _____ Date _____ Signature of Custodian/Trustee _____ Date _____

6 ACCEPTANCE BY UNIFIED FINANCIAL SECURITIES, INC.

TO BE COMPLETED BY UNIFIED FINANCIAL SECURITIES, INC. ONLY

Make check payable to:

_____, FBO _____ Account No. _____

By: _____ Date: _____