

GIFT TRANSFER FORM



IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account. **WHAT THIS MEANS FOR YOU:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this form or would like to request a copy of the latest prospectus, please call Shareholder Services at 1-800-400-MIDAS (6432).

Use this form to give shares of your mutual fund account as a gift to an individual or a charity. Since the transfer of shares does not result in a sale of securities the donor does not incur a taxable event; however, a gift tax may be applicable. Check with your tax advisor on gift or inheritance questions. The transaction to process the "transfer-in-kind" will be done the day the form(s) are received in good order.

Note: Donor completes Part I through IV.

PART I: DONOR'S INFORMATION (*Denotes Required Information)

Name of Trust*	Tax ID Number*	
Owner's Name (or Trustee Name)* (First, M.I., Last)	Date of Birth*	Social Security Number*
Co-Owner's Name (or Trustee Name)* (First, M.I., Last)	Date of Birth*	Social Security Number*
Daytime Phone*	Evening Phone	

PART II: GIFT AMOUNT (Shares or Dollar Amount to be transferred)

If you do not specify a dollar amount, number of shares, or percentage, **all** the shares in your account will be transferred. If you need more space, provide the information on a separate sheet. **Note:** Recipient must invest in the same Fund being transferred.

Fund Name	Account Number	Dollar Amount	Number of Shares	Percentage	All
Midas Magic		\$		%	
Midas Fund		\$		%	

PART III: DONOR SIGNATURE(S)

The account owner(s) listed in Part 1 must authorize this transfer of shares by signing below. (You must obtain a New Technology Medallion Signature Guarantee Stamp for each person(s) signature). If the account is a Trust, Custodial, or Corporate account, please sign in your capacity. If a Corporate account or trust account, also include a copy of your Corporate Resolution or a copy of your trust.

Note: Please forward the original form with the prospectus to recipient for completion.

X _____ **X** _____
Shareholder, Custodian, Trustee, or Authorized Officer* Date Shareholder, Custodian, Trustee, or Authorized Officer* Date

PART IV: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

I certify that no tax or legal advice has been given to me by the Custodian, Midas Funds, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Midas Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantees (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.

New Technology Medallion
Signature Guarantee Stamp

New Technology Medallion
Signature Guarantee Stamp

Note: Recipient completes Part V through XV.

PART V: RECIPIENT-ACCOUNT YOU WANT SHARES TRANSFERRED TO

Individual. I want to establish a new account. Or Existing Account Number

Joint. Joint accounts are registered as “Joint Tenants with Rights of Survivorship” unless you indicate otherwise. I want to establish a new account. Or Existing Account Number

Trust. I want to establish a new account. Or Existing Account Number

Important: You must send us a copy of the pages in your trust agreement that show the name of the trust, the trust date, and a listing of all trustees and their signatures.

PART V: RECIPIENT-ACCOUNT YOU WANT SHARES TRANSFERRED TO-CONTINUED

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

I want to establish a new account. Or

Existing Account Number

_____ State under the laws of which the gift or transfer is being made.

Organization. Account owned by an entity.

I want to establish a new account. Or

Existing Account Number

Check the organization's entity type. **Important:** You must send us a copy of the documentation required for your entity type specified below.

Corporation

Articles of Incorporation, or state-issued charter or Certificate of Good Standing.

Foundation

Articles of Incorporation.

Partnership

Partnership.

Sole Proprietorship

Document filed to form the proprietorship.

Other _____

Document filed to form the organization (if a legal entity), or organization bylaws or similar document (if not a legal entity).

Check one of the following if it describes the organization establishing the account:

Broker/
Dealer

Mutual
Fund

National
Bank

State-
Regulated
Bank

Government
Agency or
Instrumentality

Publicly Traded on the Nasdaq (except small cap issues), NYSE, or AMEX
Ticker Symbol: _____

PART VI: RECIPIENT INFORMATION

Please list all individuals who will have authority to open and/or transact business for this account on behalf of the legal entity in whose name this account will be registered. You must provide the following information for each person listed on the account: Each individual's full name, date of birth, personal Taxpayer Identification Number (TIN), and physical residential address (a Post Office box is not acceptable).

Note: If shares are being transferred to an existing account and no registration information is changing (i.e., no new owners are being added), skip to Section 8.

Name of Individual, Custodian, Trustee, or Organization Representative* (First, M.I., Last)

Date of Birth*

Social Security Number*

Employer Identification Number*

Street Address (Physical Address)*

Apartment #

City*

State*

Zip Code*

Mailing Address (if different from above)

City

State

Zip Code

Daytime Phone*

Evening Phone

Note: Must be a U.S. citizen with a U.S. mailing address.

PART VII: ADDITIONAL RECIPIENT INFORMATION

Every person to be registered on the account must provide all of the information requested. If there are more than two owners, provide the information, in the same format, on a separate sheet.

Name of Individual, Minor, Agent, Co-Trustee, or Organization Representative* (First, M.I., Last)

Date of Birth*

Social Security Number*

Street Address (Physical Address)*

Apartment #

City*

State*

Zip Code*

Daytime Phone*

Evening Phone

Note: Must be a U.S. citizen with a U.S. mailing address.

PART VIII: DISTRIBUTION OPTIONS FOR INCOME DIVIDENDS AND CAPITAL GAINS

Check one option for dividends and one for capital gains. If nothing is checked, all distributions will be reinvested in additional fund shares. Your choices will apply to all fund accounts opened through this form.

Dividends	Short-Term Capital Gains	Long-Term Capital Gains
<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in CASH to my address of record <input type="checkbox"/> Automatically deposit into my bank account (complete bank account <i>Part XII</i>)	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in CASH to my address of record <input type="checkbox"/> Automatically deposit into my bank account (complete bank account <i>Part XII</i>)	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in CASH to my address of record <input type="checkbox"/> Automatically deposit into my bank account (complete bank account <i>Part XII</i>)

PART IX: TELEPHONE TRANSACTION PRIVILEGES

The completion of this section is OPTIONAL.

Telephone instructions may be provided by any registered owner or the broker/dealer of record. Telephone requests for investments or withdrawals can be made on any day the Fund(s) are open for business. Requests must be received by the close of trading of the NYSE, normally 4 p.m. (Eastern) (Redemption proceeds of shares purchased by check are not available until payments for those shares are collectible. This may take up to fifteen (15) calendar days.) To allow for on demand telephone investments or withdrawals by transferring money directly between your mutual fund and your bank account via ACH (Automated Clearing House) please *Complete Bank Account Information Part XII*.

Your account automatically includes telephone redemption privileges. In the case of telephone redemptions, a check will be mailed to the address and owners listed on your account, unless instructed to go via ACH to the bank information provided in *Part XII*.

Please check the box below if you **DO NOT** want these privileges.

By checking this box, you DO NOT authorize Midas Funds to accept and act upon telephone instructions from any registered owner or the broker/dealer of record for the redemption of shares and/or the exchange of shares between one or more of the Funds in Midas Funds having identical registrations.

PART X: SYSTEMATIC INVESTMENT PROGRAM

The completion of this section is *OPTIONAL*.

Systematic Investment Program - This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH* (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$100 minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in *Part XII*.

I authorize Midas Funds to initiate investments into my mutual fund account according to the following frequency:

- | | | | | | |
|----------------------------------|------------------------------------|---|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Specific Months (specify): | | | |
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

*Redemption proceeds of fund shares purchased via ACH are not available for a period of fifteen (15) calendar days.

PART XI: SYSTEMATIC WITHDRAWAL PROGRAM

The completion of this section is *OPTIONAL*.

Systematic Withdrawal Program - This option provides an automatic withdrawal of money from your mutual fund(s). Money can be sent to your address of record or transferred to your bank account via ACH (Automated Clearing House). For transfers sent to your bank account please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in *Part XII*.

Systematic Withdrawal Program to Address of Record **Systematic Withdrawal Program via ACH (complete Part XII)**

I authorize Midas Funds to initiate withdrawals from my mutual fund account according to the following frequency:

- | | | | | | |
|-----------------------------------|--|------------------------------------|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Annually | <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Monthly or Specific Months | |
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____
(\$20,000 minimum account balance) (\$100 minimum withdrawal)

PART XII: BANK ACCOUNT INFORMATION

Bank Name

ABA number (if known)

Bank Address

City

State

Zip Code

Name(s) on Bank Account

Bank Account Number

Name(s) on Bank Account

PART XII: BANK ACCOUNT INFORMATION-CONTINUED

Please attach one voided check or deposit ticket. Checking Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples to attach it.	\$ _____
BANK NAME BANK ADDRESS		DOLLARS
MEMO _____		
0: 123456789: 00 123456789 00 : 1003		

PART XIII: DISPOSITION OF NEW SHARES

The completion of this section is REQUIRED.

- Hold shares on deposit until further notice.
- Redeem shares as indicated below and send check to the address of record.
 - Redeem dollars: \$ _____
 - Redeem shares: _____
 - Redeem all shares

PART XIV: RECIPIENT SIGNATURE(S)

The completion of this section is **REQUIRED**.

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Fund as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Fund; and (c) I have received a current Prospectus of the Fund and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Fund, for more information).

You must be a U.S. citizen with a U.S. mailing address. Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are certifying that each person listed below are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing on the space provided below).

X	X
_____	_____
Shareholder, Custodian, Trustee, or Authorized Officer Date	Shareholder, Custodian, Trustee, or Authorized Officer Date

Note: All account owners and authorized signers must sign above.

PART XV: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

You will need to have your signature(s) Medallion Signature Guaranteed if the value of the redemption exceeds \$25,000.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charter to provide new technology medallion signature guarantees (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.

New Technology Medallion
Signature Guarantee Stamp

New Technology Medallion
Signature Guarantee Stamp

FOR DEALER USE ONLY

Financial Institution Name

Representative's Full Name

Address

Representative's Branch Office Telephone Number

City

State

Zip Code

Dealer Number

Branch Number

Representative Number

X

Representative's Signature

X

Supervisor's Signature

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Midas Funds

Box 46707

Cincinnati, OH 45246-0707

Overnight Delivery

Midas Funds

225 Pictoria Drive, Suite 450

Cincinnati, OH 45246

PRIVACY POLICY

FACTS	WHAT DOES MIDAS DO WITH YOUR PERSONAL INFORMATION?
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Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
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What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">▪ Social Security number <li style="display: inline-block; width: 45%;">▪ Account transactions <li style="display: inline-block; width: 45%;">▪ Account balances <li style="display: inline-block; width: 45%;">▪ Retirement assets <li style="display: inline-block; width: 45%;">▪ Transaction or loss history <li style="display: inline-block; width: 45%;">▪ Checking account information <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
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How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Midas chooses to share; and whether you can limit this sharing.
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Reasons we can share your personal information	Does Midas share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other nonaffiliated financial companies	No	We don't share
For our affiliates' everyday business purposes – Information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes – Information about your creditworthiness	No	We don't share
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	We don't share

To Limit Sharing	<ul style="list-style-type: none"> ▪ Call Midas at 212-785-0900 – our menu will prompt you through your choices; or ▪ Mail the form below <p>Please note:</p> <p>If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
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Questions?	Call 1-800-400-MIDAS (6432) or go to www.midasfunds.com
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Mail-in Form		
<p>Leave Blank or [If you have a joint account, your choice will apply to everyone on your account unless you mark below.]</p> <p><input type="checkbox"/> Apply my choice only to me]</p>	<p>Mark if you want to limit:</p> <p><input type="checkbox"/> Do not allow your affiliates to use my personal information to market to me.</p>	
Name		<p>Mail to: Midas Funds 11 Hanover Square, 12th Floor New York, NY 10005</p>
Address		
City, State, Zip		
Account #		

Who we are

Who is providing this notice?

Midas: Midas Fund and Midas Magic, each a series of Midas Series Trust, and Midas Securities Group, Inc.

What we do

How does Midas protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does Midas collect my personal information?

We collect your personal information, for example, when you

- Open an account
- Buy securities from us
- Provide account information
- Give us your contact information
- Pay us by check

Why can't I limit all sharing?

Federal law gives you the right to limit only

- Sharing for affiliates' everyday business purposes – information about your creditworthiness
- Affiliates from using your information to market to you
- Sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account – unless you tell us otherwise.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Midas shares with our affiliates.*

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Midas does not share with nonaffiliates so they can market their financial products or services to you.*

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Midas does not jointly market.*