



Midas Funds
Box 46707
Cincinnati, OH 45246-0707
www.MidasFunds.com

SYSTEMATIC SALARY INVESTING PLAN FORM

Please give to your employer and keep a copy for your records.

1. Authorization (Please Type or Print)

I authorize my employer ("Employer") to systematically deposit from my salary the amount set forth below in my Midas Funds account through the Systematic Salary Investing Plan.

Employer Name

Attention of

Telephone

Address

City

State / Zip

2. Midas Funds Account Information

Please deposit the following amount (\$100 minimum per month) of my salary by wire or ACH credit:

All , or \$ _____ Into: Midas Fund Midas Magic

Midas Funds Account Number

3. Signature

This authorization shall remain in full force and effect until my Employer has received written notification from me of its termination in such time and in such manner as to be provided with a reasonable opportunity to act upon it.

Signature

Date

Name (please print)

If you have any questions, please call 1-800-400-MIDAS (6432) Monday through Friday between 8 a.m. and 6 p.m. and speak with a Shareholder Services Representative.