



# LETTER OF INSTRUCTION FORM

Please use this form to change your ICON Funds account options or provide general instructions. All shareholders must sign before any changes will be made; some changes will require a medallion guarantee.

## SECTION 1: ACCOUNT INFORMATION

Name of Shareholder (Please Print)

Shareholder's Social Security Number Date of Birth (MM/DD/YY)

Name of Joint Shareholder (if any)

Joint Shareholder's Social Security Number Date of Birth (MM/DD/YY)

Fund Number and Share Class Account Number

( ) ( )  
Day Phone Evening Phone

## SECTION 2: PLEASE WRITE INSTRUCTIONS BELOW

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 3: REQUIRED SIGNATURE(S)

All shareholders listed on the current account registration must complete this section. By signing this Letter of Instruction Form, I certify that: 1) I understand that it is my responsibility to read the current prospectus for the ICON Funds in which I choose to invest; 2) I am of legal age; 3) I allow the ICON Funds to accept the instructions listed on this form; I agree to release the ICON Funds, the transfer agent, their affiliates and agents from all liability and will indemnify them for any losses, damages or costs (including reasonable attorney's fees) or expenses for acting upon instructions if they follow reasonable procedures designed to prevent unauthorized transactions; 4) If a trustee, executor, administrator, guardian, committee, custodian, agent, or attorney makes the endorsement in fact, the endorser must sign his or her capacity following the signature. Please call our Investor Services Department for details regarding Proof of Capacity and certification requirements; 5) I understand that some privileges require a medallion guarantee and will not be executed until all shareholders have their original signatures medallion guaranteed by an eligible guarantor.

Signature of Shareholder Date (MM/DD/YY)

Signature of Shareholder Date (MM/DD/YY)

Title Capacity (i.e. Trustee, executor, etc.)

[Place Medallion Guarantee Here]

### Please mail completed form to:

**Mailing Address**  
ICON Funds  
C/O Ultimus Fund Solutions  
4211 N 203rd St. Suite 100  
Elkhorn, NE 68022

**Overnight Address**  
ICON Funds  
C/O Ultimus Fund Solutions  
4211 N 203rd St. Suite 100  
Elkhorn, NE 68022

If you have any questions, please contact an Investor Service Representative at 1-800-764-0442 or visit [www.iconfunds.com](http://www.iconfunds.com).