

# REGULAR ACCOUNT APPLICATION CLASS S



Use this form for individual, custodial, trust, profit-sharing, or pension plan accounts. Do not use this form for ICON Funds sponsored IRA, or SEP-IRA accounts. For additional information, please call ICON Funds at 1-800-764-0442.

**IMPORTANT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions 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 information that will allow us to identify you. **Please enclose a copy of your driver's license or other government issued photo identification card. (This will expedite in the processing of your account.)**

Please select one:

**U.S. Citizen**      **U.S. Resident Alien**      **Non-Resident Alien**

In general, accounts are available only to U.S. Citizens and U.S. Resident Aliens.

## SECTION 1: Account Registration

**Individual Account**      **Joint Account**

**Note: Joint ownership means "joint tenants with rights of survivorship" and not "tenants in common," unless you specify otherwise.**

**Owner's Name (Last, First, Middle Initial)**

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

Address of Residence - P.O. Box is not accepted      City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)      City, State, Zip Code

(     )      (     )  
Day Phone      Evening Phone      E-mail Address

**Joint Owner's Name (Last, First, Middle Initial) (if applicable)**

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

Address of Residence - P.O. Box is not accepted      City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)      City, State, Zip Code

(     )      (     )  
Day Phone      Evening Phone      E-mail Address

**Uniform Transfer to Minors Account**      **Uniform Gift to Minors Account**

**Custodian's Name (Last, First, Middle Initial)**

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

Address of Residence - P.O. Box is not accepted      City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)      City, State, Zip Code

(     )      (     )  
Day Phone      Evening Phone      E-mail Address

**SECTION 1: Account Registration (continued)**

Minor's Name (*Last, First, Middle Initial*)

Minor's Social Security Number

Date of Birth (*MM/DD/YY*)

**\*For Corporate or other entity account types, please use the Entity Account Application. You may obtain this application by contacting an Investor Service Representative at 1-800-764-0442 or visit [www.iconfunds.com](http://www.iconfunds.com).**

**SECTION 2: Investment Professional Information**

If applicable, this section should be completed by your Investment Representative. Incomplete information will cause a delay in processing the investment. This application for the purchase of shares complies with the terms of the applicable agreement with ICON Distributors, Inc., and with the current ICON Funds prospectus. I hereby authorize ALPS, to act as my Agent in connection with transactions under this *Account Application* and I agree to notify ICON Funds of any purchases of shares which may be eligible for a reduced or eliminated sales charge. I hereby make, constitute, appoint and authorize the Investment Professional listed below to constitute my true lawful agent, for me in my name, place and stead to act on my behalf in connection with all transactions under this account application.

Dealer Name

Representative's Name

Representative's Number

Representative's CRD Number (FINRA)

Representative's Branch Office

Representative's Address

Representative's City, State, Zip Code

( )

Representative's Telephone Number

### SECTION 3: Investment Selection

#### How would you like to make your initial fund purchase?

**Check** - Make your personal check payable to ICON Funds and enclose it with your application. We do not accept third party checks (see prospectus for acceptable method of payment).

**Electronically** - Make a one-time withdrawal from the bank account listed in Section 6 for amount indicated below.

**Wire** - Call our Shareholder Services Department at: 1-800-764-0442 for wiring instructions.

Expected Trade Date (MM/DD/YY) \_\_\_\_\_

**Investment Minimums:** \$1,000

\*(Note: If an Automatic Investment Plan (AIP) is established, other minimums may apply. Please refer to Section 4 of the application. Share purchases by check or Automated Clearing House (ACH) transfer are subject to a hold of up to 10 business days.)

Fund Name	Fund Number	Ticker		Amount	or	Percent	%
ICON FLEXIBLE BOND FUND CLASS S	21602	IOBZX	\$	_____		_____	%
ICON EQUITY INCOME FUND CLASS S	21615	IOEZS	\$	_____		_____	%
ICON FUND CLASS S	21620	ICNZX	\$	_____		_____	%
ICON LONG/SHORT FUND CLASS S	21633	IOLZX	\$	_____		_____	%
ICON RISK-MANAGED BAL FD CL S	21640	IOCZX	\$	_____		_____	%
ICON OPPORTUNITIES FUND	21637	ICONX	\$	_____		_____	%
ICON EMERGING MARKETS FUND CLASS S	21609	ICARX	\$	_____		_____	%
ICON INTERNATIONAL EQUITY FUND CLASS S	21630	ICNEX	\$	_____		_____	%
ICON CONSUMER DISCRETIONARY FD CLASS S	21604	ICCCX	\$	_____		_____	%
ICON CONSUMER STAPLES FD CL S	21606	ICLEX	\$	_____		_____	%
ICON ENERGY FUND CLASS S	21612	ICENX	\$	_____		_____	%
ICON FINANCIAL FUND CLASS S	21617	ICFSX	\$	_____		_____	%
ICON HEALTHCARE FUND CLASS S	21622	ICHCX	\$	_____		_____	%
ICON INDUSTRIALS FUND CLASS S	21625	ICTRX	\$	_____		_____	%
ICON INFORMATION TECHNOLOGY FD CLASS S	21627	ICTEX	\$	_____		_____	%
ICON NATURAL RESOURCES FUND CLASS S <sup>1</sup>	21636	ICBMX	\$	_____		_____	%
ICON UTILITIES FUND CLASS S	21642	ICTUX	\$	_____		_____	%
<b>Total</b>			<b>\$</b>	_____		<b>100</b>	<b>%</b>

<sup>1</sup> Effective January 22, 2016, the ICON Materials Fund was renamed the ICON Natural Resources Fund and its principal investment strategies changed.

### SECTION 4: Automatic Investment Plan

Yes (Please complete below)                      No

This option allows you to make automatic investments (must be the equivalent of at least \$100 per month per fund) into your ICON Funds account directly from your bank checking or savings account.

**SECTION 4: Automatic Investment Plan (continued)**

<b>Fund Name</b>	<b>Fund Number</b>	<b>Ticker</b>	<b>Amount</b>	<b>or</b>	<b>Percent</b>	<b>%</b>
ICON FLEXIBLE BOND FUND CLASS S	21602	IOBZX	\$			%
ICON EQUITY INCOME FUND CLASS S	21615	IOEZX	\$			%
ICON FUND CLASS S	21620	ICNZX	\$			%
ICON LONG/SHORT FUND CLASS S	21633	IOLZX	\$			%
ICON RISK-MANAGED BAL FD CL S	21640	IOCZX	\$			%
ICON OPPORTUNITIES FUND	21637	ICONX	\$			%
ICON EMERGING MARKETS FUND CLASS S	21609	ICARX	\$			%
ICON INTERNATIONAL EQUITY FUND CLASS S	21630	ICNEX	\$			%
ICON CONSUMER DISCRETIONARY FD CLASS S	21604	ICCCX	\$			%
ICON CONSUMER STAPLES FD CL S	21606	ICLEX	\$			%
ICON ENERGY FUND CLASS S	21612	ICENX	\$			%
ICON FINANCIAL FUND CLASS S	21617	ICFSX	\$			%
ICON HEALTHCARE FUND CLASS S	21622	ICHCX	\$			%
ICON INDUSTRIALS FUND CLASS S	21625	ICTRX	\$			%
ICON INFORMATION TECHNOLOGY FD CLASS S	21627	ICTEX	\$			%
ICON NATURAL RESOURCES FUND CLASS S <sup>1</sup>	21636	ICBMX	\$			%
ICON UTILITIES FUND CLASS S	21642	ICTUX	\$			%
<b>Total</b>			<b>\$</b>		<b>100</b>	<b>%</b>

<sup>1</sup> Effective January 22, 2016, the ICON Materials Fund was renamed the ICON Natural Resources Fund and its principal investment strategies changed.

**Enter Automatic Investment** Enter an investment amount and select a maximum of two investment days per month.

How often would you like automatic investment?

Monthly      Quarterly      Semi-Annually      Annually      On or about which date? (e.g., 1st, 8th, 15th, 22nd) \_\_\_\_\_

If no date is specified, withdrawals will be made on or about the 5th of the following month, of receipt of your request. \*\*Please note, the date of your first automatic investment should be at least 3 days after this request.\*\*

■ Please provide **bank information** in Section 6, if applicable.

**SECTION 5: Distribution Options**

Please complete this section to elect a distribution option. If no option is selected or no bank information is provided, all dividends and capital gains will be reinvested. If ACH to Bank is selected, please complete **bank information** in Section 6.

**Dividend distribution:**      Reinvest      ACH to Bank

**Capital Gains distribution:**      Reinvest      ACH to Bank

**SECTION 6: Bank Information**

Please provide bank information if you are establishing an automatic investment plan and/or are having cash distributions deposited into your account.

**Account type:**      Checking      Savings

Name on Bank Account \_\_\_\_\_

Bank Name \_\_\_\_\_ ABA Routing Number (First 9 digits at the bottom of the check or deposit slip) \_\_\_\_\_

Bank Account Number (Second set of numbers at the bottom of check or deposit slip) \_\_\_\_\_

**Please attach a voided check or savings deposit slip from the specified bank account.**

I authorize ICON Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that ICON Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to ICON Funds. The termination request will be effective as soon as ICON Funds has had reasonable time to act upon it.

## SECTION 7: Telephone & Online Privileges

As a shareholder, you will automatically have access to your accounts via our automated telephone and online computer services unless you specifically decline from them below.

I **DO NOT** want any telephone privileges.

I **DO NOT** want online privileges.

## SECTION 8: eDelivery

E-Delivery options are available; please visit our website at [www.iconfunds.com](http://www.iconfunds.com). (Please have your account number)

## SECTION 9: Cost Basis Method Selection

The cost basis of covered shares, generally shares acquired on or after January 1, 2012, is determined using the fund's default method, unless you elect a different method below. Please check one box.

Average Cost (ACST) <b>Default Cost Basis Method</b>	First In, First Out (FIFO)
Last In, First Out (LIFO)	Low Cost (LOFO)
High Cost (HIFO)	Loss Gain Utilization (LGUT)
Specific Share Identification (SLID)	
Secondary Method* _____	

\*If you elect Specific Share Identification, you may also elect a Secondary Method, other than Average Cost, that will apply when lots are not specified. If a Secondary Method is not elected, the default is FIFO.

The method you elect will apply to covered shares for funds established under this account, including funds you may acquire at a later date, unless you instruct us otherwise. If available, cost basis for noncovered shares, generally shares acquired before January 1, 2012, is determined using the Average Cost method. Non-covered shares are redeemed prior to covered shares unless otherwise specified at the time of the redemption.

To determine which cost basis method is appropriate for your tax situation, please consult a qualified tax professional.

## SECTION 10: Signature(s)

I represent that I am of legal age and have legal capacity to make this purchase. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Funds to revoke my consent.

I agree to notify the Funds of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Funds and their transfer agent shall not be liable if I fail to notify the Funds within such time period.

The Funds, the applicable Fund, its transfer agent and any officers, directors, employees, or agents of these entities (collectively "ICON Funds"), will not be responsible for banking system delays beyond their control. By completing Section 6, and signing the New Account Application, I authorize my bank to honor all entries to my bank account initiated through Colorado State Bank and Trust Company, on behalf of the applicable Fund. ICON Funds will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the prospectus or the rules of the Automated ClearingHouse. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed personally by me. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Funds' transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

By signing this application, I certify that: I have received and read the Prospectus for the Funds in which I am investing and agree to the terms therein, and acknowledge the receipt of the ICON Funds Privacy Notice. I am responsible for reading the prospectus and Statement of Additional Information of any fund into which I exchange.

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: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. Citizen or other U.S. person (as defined in the IRS Form W-9 instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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. Item 4 above does not apply if you are submitting this form for an account maintained in the United States.

If you do not provide a correct taxpayer identification number, you may be subject to a \$100 IRS penalty.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**Please enclose a copy of your driver's license or other government issued photo identification card. (This will expedite in the processing of your account)**

**SECTION 10: Signature(s) (continued)**

I hereby agree to indemnify and hold ICON Funds and its agents harmless for acting upon instructions, either oral or in writing, pursuant to this form.

\_\_\_\_\_  
Signature Date (MM/DD/YY)

\_\_\_\_\_  
Signature (if applicable) Date (MM/DD/YY)

Distributor: ICON Distributors, Inc. for the ICON Funds

Shares of the ICON Funds are offered by the Distributor. The Distributor is not a bank, and shares of the Fund are not deposits, obligations of, guaranteed, or endorsed by any bank, nor are they federally insured or otherwise supported by the FDIC, the Federal Reserve Board or any other agency.

**Please mail completed form to:**

**Mailing Address**

ICON Funds  
PO. Box 1920  
Denver, CO 80201

**Overnight Address**

ICON Funds  
1290 Broadway, Suite 1000  
Denver, CO 80203

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).

For Broker/Dealer Use Only	
Broker/Dealer Name	Broker/Dealer Number
Representative Name	Representative Number
Street Address (Street, City, State, Zip Code)	
Representative Phone Number	