



## Broker/Dealer Employee NAV Purchase Authorization

**Mail To:** VanEck Funds  
P.O Box 218407  
Kansas City, MO 64121-8407  
For assistance contact your employer or call Account Assistance at 1-800-544-4653.

**Please check one**

- New Account:**  
I wish to open an account and purchase shares at net asset value (NAV) without the sales charge. My application and check are enclosed.
- Existing Account:**  
I have already opened an account and purchased shares at net asset value (NAV) without the sales charge, or I would like future purchase in my existing account to be placed at NAV.

Fund Name \_\_\_\_\_ Fund Account # \_\_\_\_\_  
*(Please indicate Fund Class)*

### SHAREHOLDER AUTHORIZATION

1. I am currently a Registered Representative, employee, spouse or minor child of such person, of a broker/dealer firm having a valid Selling Group Agreement with Van Eck Securities Corporation, the Distributor for the funds, and I agree to promptly inform the Funds should such affiliation or employment be discontinued.
2. I certify that this and all future purchases are made for my personal investment purposes and that the shares acquired hereby will not be transferred or resold except through redemption by or on behalf of the Funds
3. I understand that Van Eck Securities Corporation has the right to revoke the privilege, without prior notice at any time, and any intentional abuse of this privilege may result in the application of retroactive sales charges or other penalties at the discretion of Van Eck Securities Corporation.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

### BROKER/DEALER AUTHORIZATION

As investment dealer, we authorize the below named applicant to purchase shares from the Funds at net asset value (NAV) and certify that said applicant is an NASD Registered Representative, employee, or spouse or minor child of such person of our firm. We further certify that we have a valid Selling Group Agreement with Van Eck Securities Corporation.

Investment Dealer Name \_\_\_\_\_ Representative/Shareholder Name \_\_\_\_\_

Main Office Address \_\_\_\_\_

Rep Number (#) \_\_\_\_\_ Telephone # \_\_\_\_\_

Branch Address \_\_\_\_\_

Authorized Signature Investment Dealer \_\_\_\_\_ Title: \_\_\_\_\_