

Entity Account Application

Please do not use this form for IRA accounts.

Regular Mail:

Permanent Portfolio Family of Funds c/o U.S. Bank Global Fund Services PO Box 701 Milwaukee, WI 53201-0701 **Overnight Mail:**

Permanent Portfolio Family of Funds c/o U.S. Bank Global Fund Services 615 E. Michigan St., FL3 Milwaukee, WI 53202-5207

>> In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: full name, date of birth, Social Security number and permanent street address. Corporate, trust, and other entity accounts require additional documentation. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

1 Investor Info	rmation Select one	
□ C Corporation□ Partnership□ Limited Liability Company		STATE OF ORGANIZATION
☐ S Corporation☐ Other Entity☐ ☐	NAME(S) OF AUTHORIZED SIGNER(S) TAX ID NUMBER You must supply documentation to substantiate the exis Partnership Agreement, or other official documents.)	Check here if you are a government entity or affiliated with a government entity. Stence of your organization. (e.g., Articles of Incorporation/Formation/Organization,

2 Beneficial Owner Information

Please complete the table below for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more of the equity interests of the Legal Entity listed in Investor Information section.** If no individuals meet this criteria, please leave the table blank to certify this requirement does not apply for the Legal Entity.

Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed within the table (ex. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.).

For Foreign Persons: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.

	Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Persons)	Passport Number and Country of Issuance (For Foreign Persons)
1					
2					
3					
4					

3 Controller Information

Please complete the table below with the requested information for **one** individual with significant responsibility for managing the Legal Entity listed in Investor Information section, such as an executive officer or senior manager (ex. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or any other individual who regularly performs similar functions (a beneficial owner named in Beneficial Owner Information section can be listed here if appropriate).

For a Foreign Person: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.

Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Person)	Passport Number and Country of Issuance (For Foreign Person)

4 Permanent Street Address

Permanent Street Address Residential Address or Principal Place of B Boxes are not allowed.	usiness - Foreign a	ddresses and PO	Mailing Address* (if completed, this address with checks and required mailings	f different from Perma ill be used as the Address of Rec s. Foreign addresses are not allo	nent Address) cord for all statements, owed.
STREET		 	STREET		APT / SUITE
CITY	STATE	ZIP CODE	CITY * A PO Box may be used as	STATE the mailing address.	ZIP CODE
DAYTIME PHONE NUMBER	EVENING PHON	IE NUMBER	, ,	J	
E-MAIL ADDRESS					
Duplicate Statement #1 Complete only if you wish someone other to duplicate statements.	han the account ow	ner(s) to receive	Duplicate Statemer Complete only if you wish so duplicate statements.	nt #2 omeone other than the account o	wner(s) to receive
COMPANY NAME			COMPANY NAME		
NAME			NAME		
STREET		APT / SUITE	STREET		APT / SUITE
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

5 Investment and Distribution Op	tio	ns				
☐ By check: Make check payable to the R Note: All checks must be in U.S. Dollars drawn of accept post-dated checks or any conditional checks, credit card checks, traveler's checks, or	on a l ord	domestic bank. The Fund will no er or payment. To prevent check	t accept payment fraud, the Fund wi	in cash or mon Il not accept th	ney orders. The F nird party checks,	und does Treasury
☐ By wire: Call (800) 341-8900. Note: A completed application is required in adv	ance	e of a wire.				
		Investment Amount \$1,000 Minimum \$100 AIP Reduced Minimum	Reinvest	l Gains Cash* ed, capital gains	Divider Reinvest s and dividends wil	Cash*
☐ Permanent Portfolio Class I 1500	\$ [
☐ Aggressive Growth Portfolio Class I 1501	\$[_	
☐ Short-Term Treasury Portfolio Class I 1502	\$[
☐ Versatile Bond Portfolio Class I 1503	\$ [
☐ Check to Address of Record ☐ ACH to Bank of Record - Valid Voided Check	ck o	r Savings Deposit Slip Needed	d in the Bank Info	ormation sect	ion	
6 Cost Basis Method						
The Cost Basis Method you elect applies to a existing and future accounts you may establis in which shares are redeemed and how your of Revenue Service (IRS). Please consult yo situation. If you do not elect a Cost Basis Me Primary Method (Select only one) Average Cost – averages the purchas First In, First Out – oldest shares are	sh, u cost ur t thoo	unless otherwise noted. The obasis information is calculated ax advisor to determine wild, your account will default to be ice of acquired shares	Cost Basis Method and subsequer hich Cost Basi	od you select otly reported t	will determine to you and to the	the order e Internal
□ Last In, First Out – newest shares are □ Low Cost – least expensive shares are □ High Cost – most expensive shares are □ Loss/Gain Utilization – depletes share □ Specific Lot Identification – you musyou elect a Secondary Method below, varied a redemption are unavailable.)	e red e red re re es w st sp	leemed first deemed first deemed first with losses prior to shares with pecify the share lots to be sol	d at the time of	a redemption	n (This method	requires
Secondary Method – applies only if Speci First In, First Out Last In, First Out Low Cost High Cost Loss/Gain Utilization Note: If a Secondary Method is not elect				Select only one	∍)	

7 Telephone and Internet Options

You automatically have the ability to make telephone and/or internet purchases*, redemptions*, or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.

* You must provide bank instructions and a voided check or savings deposit slip in the Bank Information section.

Please check the box below if you wish to **decline** these options. If the options are not declined, you are acknowledging acceptance of these options.

☐ I <u>decline</u> telephone and/or internet transaction privileges.

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

8 Automatic Investment Plan (AIP)

Your signed application must be received up to 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to the Bank Information section of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one): ☐ \$100 minimum	Monthly ☐ Quarterly ☐ o option is selected, the frequen	•	☐ Other
☐ Permanent Portfolio Class I 1500			
	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
☐ Aggressive Growth Portfolio Class I 1501			
	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
☐ Short-Term Treasury Portfolio Class I 1502			
	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
☐ Versatile Bond Portfolio Class I 1503			
	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

9 Systematic Withdrawal Plan (SWP)

Your signed Application must be received at least 15 calendar days prior to initial transaction. Systematic Withdrawal Plan (SWP) \$100 minimum and \$5,000 account value minimum – permits the automatic withdrawal of funds. ☐ Payments will be mailed to address in Permanent Street Address section. ☐ Payments will be deposited directly into your bank account. Please attach a voided check or preprinted savings deposit slip to the Bank Information section of this application. We are unable to credit mutual fund or pass-through ("for further credit") accounts. Make payments ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually starting with the month given here: ☐ Permanent Portfolio Class I 1500 AMOUNT PER DRAW SWP START MONTH SWP START DAY ☐ Aggressive Growth Portfolio Class I 1501 AMOUNT PER DRAW SWP START MONTH SWP START DAY ☐ Short-Term Treasury Portfolio Class I 1502

AMOUNT PER DRAW

AMOUNT PER DRAW

10 Bank Information

☐ Versatile Bond Portfolio Class I 1503

If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).

Note: There is a \$15 fee for next day wire and no fee for ACH (transfer takes 2-3 days).

John Doe Jane Doe 123 Main St. Anytown, USA 12345		53289
Pay to the order of	\$	DOLLARS
Memo	Signed	
(:12345=678): (123456785678:	

SWP START MONTH

SWP START MONTH

SWP START DAY

SWP START DAY

11 Check Redemption Option (Short-Term Treasury Portfolio investors only)

business days after your account is opened. The fee for each check redemption is \$1.00.		
☐ Short-Term Treasury Portfolio Class I		
I/We guarantee the authenticity of each signatur	e and understand the request is sul	oject to the terms below.
Authorized Signatures (For joint accounts, all owners must sign.)	☐ One signature required☐ Two signatures required	
Х		
Х		
X		
I/We authorize U.S. Bank to honor these share drafts and that: (1) this privilege may be terminated at any time by th		

me for honoring checks, or for effecting redemptions to pay checks, or for returning checks which have not been accepted; (2) checks drawn on a joint account will require the signature of one registered owner; (3) by signing this card I/we certify that each of the statements set forth on the

12 E-Delivery Options

purchase application are true and accurate.

I would like to:

- ☐ Receive prospectuses, annual reports and semi annual reports electronically
- ☐ Receive statements electronically
- ☐ Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish on-line access to your account, which you may do once your account has been established by visiting www.permanentportfoliofunds.com.

Please note, you must provide your email address in Permanent Street Address section to enroll in eDelivery.

13 Signature and Certification Required by the Internal Revenue Service

- ✓ I have received and understand the prospectus for the Permanent Portfolio Family of Funds (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund 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 Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase.
- ✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient 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 by me personally. I agree that if any such entries are not honored 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 Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.
- ✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.
- ✓ Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)

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

✓ I hereby certify that to the best of my knowledge, the information provided about me, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.

INTED NAME OF AUTHORIZED SIGNER	
NATURE OF AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
Dealer Information	
EALER NAME	REPRESENTATIVE'S LAST NAME FIRST NAME M.I.
EALER'S ID BRANCH ID	REPRESENTATIVE'S ID
DEALER HEAD OFFICE INFORMATION:	REPRESENTATIVE BRANCH OFFICE INFORMATION:
DDRESS	ADDRESS CODE
ITY / STATE / ZIP	CITY / STATE / ZIP
ELEPHONE NUMBER	TELEPHONE NUMBER
LELI HONE NOMBLIX	TELET HONE NUMBER
Before you mail, have you:	
☐ Completed all USA PATRIOT Act required in — Tax ID Number in Investor Information se	n? if applicable?
 Permanent street address in Permanent S Enclosed your personal check made payab 	—gg

For additional information please call toll-free (800) 341-8900 or visit us on the web at www.permanentportfoliofunds.com.

Portfolio Family of Funds?

Privacy Policy

The Fund recognizes that shareholders expect an exceptional level of privacy in their financial affairs and assures the confidentiality of personal information provided to it.

The information the Fund collects is limited to what it believes is necessary or useful to conduct the Fund's business; administer shareholder records, accounts and funds; to comply with laws and regulations; and to help the Fund design or improve products and services. The Fund collects non-public personal information about its shareholders from information it receives from shareholders on applications or other forms, as well as from information about shareholders' transactions with the Fund.

Some of this information may be disclosed to non-affiliated third parties who provide non-financial services to the Fund such as our transfer agent, to administer shareholder accounts and mail transaction confirmations and tax forms, and the mailing house the Fund utilizes for mailing shareholder reports. Disclosing this information enables the Fund to meet customers' financial needs and regulatory requirements. These third parties act on the Fund's behalf and are obligated to keep the information the Fund provides to them confidential and to use the information only for the purposes authorized. The Fund does not disclose any non-public personal information about current or former shareholders to anyone, except as permitted by law. The Fund does not share information with its affiliates in order for the affiliate to market to you.

To protect shareholders' non-public personal information, the Fund permits access to it only by authorized employees and maintains security practices and procedures to safeguard such information.

In the event that shareholders hold shares of the Fund through a financial intermediary, including but not limited to, a bank, broker-dealer, trust company, investment representative or other financial intermediary, the privacy policy of such a financial intermediary would govern how a shareholder's non-public personal information would be shared with non-affiliated third parties

Beneficial Ownership Exclusions and Exemptions

Exclusions from the Definition of Legal Entity Customer:

The Rule excludes from the definition of legal entity customer certain entities that are subject to Federal or State regulations and for which information about their beneficial ownership and management is available from the Federal or State agencies, such as:

- Financial institutions regulated by a Federal functional regulator or a bank regulated by a State bank regulator;
- A department or agency of the United States, of any State, or of any political subdivision of a State;
- Any entity established under the laws of the United States, or any State, or of any political subdivision of any State, or under an interstate compact;
- Any entity (other than a bank) whose common stock or analogous equity interests are listed on the New York, American, or NASDAQ stock exchange;
- Any entity organized under the laws of the United States or of any State at least 51% of whose common stock or analogous equity interests are held by a listed entity;
- Issuers of securities registered under section 12 of the Securities Exchange Act of 1934 (SEA) or that is required to file reports under 15(d) of that Act;
- An investment company, as defined in section 3 of the Investment Company Act of 1940, registered with the U.S. Securities and Exchange Commission (SEC);
- An SEC-registered investment adviser, as defined in section 202(a)(11) of the Investment Advisers Act of 1940;
- An exchange or clearing agency, as defined in section 3 of the SEA, registered under section 6 or 17A of that Act;
- Any other entity registered with the SEC under the SEA;
- A registered entity, commodity pool operator, commodity trading advisor, retail foreign exchange dealer, swap dealer, or major swap
 participant, defined in section 1a of the Commodity Exchange Act, registered with the Commodity Futures Trading Commission;
- A public accounting firm registered under section 102 of the Sarbanes-Oxley Act.
- A bank holding company, as defined in section 2 of the Bank Holding Company Act of 1956 (12 USC 1841) or savings and loan holding company, as defined in section 10(n) of the Home Owners' Loan Act (12 USC 1467a(n));
- A pooled investment vehicle operated or advised by a financial institution excluded from the definition of legal entity customer under the final CDD rule;
- An insurance company regulated by a State;
- A financial market utility designated by the Financial Stability Oversight Council under Title VIII of the Dodd-Frank Wall Street Reform and Customer Protection Act of 2010;
- A foreign financial institution established in a jurisdiction where the regulator of such institution maintains beneficial ownership information regarding such institution;
- A non-U.S. governmental department, agency or political subdivision that engages only in governmental rather than commercial activities: and
- Any legal entity only to the extent that it opens a private banking account subject to 31 CFR 1010.620.

Exemptions from the Ownership Prong:

Certain legal entity customers are subject only to the control prong of the beneficial ownership requirement, including:

- A pooled investment vehicle operated or advised by a financial institution not excluded under paragraph 31 CFR 1010.230(e)(2); and
- Any legal entity that is established as a nonprofit corporation or similar entity and has filed its organizational documents with the appropriate state authority as necessary.

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