



VanEck Funds DivMove – Application

Please automatically reinvest my distributions from my originating account into my receiving account without a sales charge as indicated below:

(check one or both)

☐ Dividends ☐ Capital Gains

Name(s) of Registered Owner(s) *(please print)*

Street Address

City

State

Zip

My originating account is:

☐ A new account to be set up with the attached application

☐ Existing account #: _____

In the following fund:

Fund Name and Class:

Note: Class C shares are not eligible

My receiving account is:

☐ A new account to be set up with the attached application

☐ Existing account #: _____

In the following fund:

Fund Name and Class:

Note: Class C shares are not eligible

X _____

X _____

Signature(s) of Registered Owner(s) or
Broker of Record
*(*indicate capacity if applicable)*

Date (DD/MM/YYYY)

Telephone Number

Mail to: VanEck Funds,
P.O. Box 218407
Kansas City, MO 64121-8407

For assistance, please call Account Assistance at **1.800.544.4653**