



IRA Beneficiary Form

MAIL TO:

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

(PLEASE PRINT CLEARLY)

VanEck Account Assistance: 1-800-544-4653 (8:00 am to 4:30 pm CT)

Dear UMB Bank n.a.:

My VanEck-sponsored IRA/SPIRA/SEP/IRA, account number is _____.
Please add/change the beneficiaries on my UMB Bank NA custodial IRA account as follows:
(Add additional pages of this form, if more primary or contingent beneficiaries are named.)

Primary Beneficiary(s) (Review "Spousal Consent" on page 2 below only if you have designated a primary beneficiary other than your spouse.)

Full Name: _____

Relationship (wife, son, daughter, etc.) _____

Social Security Number: _____

Date of Birth: _____

Percentage of Distribution: _____

Full Name: _____

Relationship (wife, son, daughter, etc.): _____

Social Security Number: _____

Date of Birth: _____

Percentage of Distribution: _____

Contingent Beneficiary (Optional - if all primary beneficiaries do not survive the IRA shareholder).

Full Name: _____

Relationship: _____

Social Security Number: _____

Date of Birth: _____

Percentage of Distribution: _____

Shareholder Signature

Date

Print Full Shareholder Name on Account (and legal capacity such as Executor, Custodian, etc. if applicable)

Spousal Consent

(Review only if you have designated a primary beneficiary other than your spouse.)

(This section should only be reviewed if the shareholder is married, is a resident of a community property or marital property state, and designates a primary beneficiary other than the spouse. It is the shareholder’s responsibility to determine if this section applies. The shareholder may need to consult with legal counsel. Neither UMB Bank n.a. (“Custodian”) nor Van Eck Securities Corporation (“Sponsor”) are liable for any consequences resulting from a failure of the shareholder to provide proper spousal consent.)

I am the spouse of the above named shareholder. I acknowledge that I have received a full and reasonable disclosure of my spouse’s property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

Signature of Spouse _____

Date _____

Signature of Witness for Spouse _____
(cannot be shareholder of this account)

Date _____