

Automatic Investment Plan Application

INSTRUCTIONS

Please Note:

- To change banking information, you are required to obtain a Medallion Guarantee. Please see the prospectus and Section 4.
- A Medallion Guarantee may be obtained by a domestic commercial bank, trust company, a member firm of a national securities exchange, or a savings & loan association. A notarization by a notary public will NOT be accepted.

Please mail completed form to one of the following addresses:

Direct Mail:	Overnight Express Mail:
ICON Funds	ICON Funds
P.O. Box 55452	30 Dan Road
Boston, MA 02205-8165	Canton, MA 02021-2809

For additional information, please call ICON Funds at 1-800-764-0442.

We recommend that you consult your tax adviser regarding the particular tax consequences of any investment option.

Consider the investment objectives, risks, charges, expenses, and share classes of each ICON Fund carefully before investing. The prospectus, the statement of additional information and the Disclosure Agreement contains this and other important information about the Funds and your account. Please read the prospectus, the statement of additional information and the Disclosure Agreement carefully before investing.

- Your signed Automatic Investment Plan Application must be received at least 15 business days prior to your initial transaction.
- Your ICON Funds account must be established at the minimum initial investment level (\$1,000) before this Automatic Investment Plan goes into effect. To establish a new account with automatic investment plan features, you must complete a New Account Application.
- If the automatic purchase cannot be made due to insufficient funds or stop payment, a \$25 fee will be assessed.
- The Plan will be terminated upon redemption or exchange of all shares.
- An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your Application.

1 INVESTOR INFORMATION

FUND NAME(S) _____

ACCOUNT NUMBER(S) _____

NAME(S) ON ACCOUNT _____

ADDRESS (P.O. BOX IS NOT ACCEPTABLE) _____ APT./SUITE _____

CITY/STATE/ZIP _____

DAYTIME PHONE NUMBER _____

2 INVESTMENT INSTRUCTIONS

Please start my AIP (\$100 minimum per Fund) as described in the Prospectus beginning Month _____ Year _____ on the _____ of every month or the first business day thereafter.

1. Invest \$ _____ into
Fund _____

Select one: Monthly Quarterly

2. Invest \$ _____ into
Fund _____

Select one: Monthly Quarterly

If you do not specify a day of the month, your AIP draft will be made on the 20th. To ensure proper crediting of your bank account, please attach an unsigned voided check or a deposit slip at right.

3 BANK ACCOUNT INFORMATION

Attach a voided check or savings deposit slip at right.

NAME(S) ON BANK ACCOUNT _____

BANK NAME _____ BANK ACCOUNT NUMBER _____

BANK ADDRESS _____ BANK ROUTING/ABA NUMBER _____

X _____
SIGNATURE OF BANK ACCOUNT OWNER

X _____
SIGNATURE OF JOINT BANK ACCOUNT OWNER (IF APPLICABLE)

4 SIGNATURE

I have read and understand the conditions of the Automatic Investment Plan. I authorize you to honor all debit entries via the ACH Network initiated through State Street Bank and Trust Company on behalf of Boston Financial Data Services. All such debits are subject to sufficient collected funds in my account to pay the debit when presented. I also understand that this plan may be terminated or modified at any time by the ICON Funds.

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.

X _____ DATE _____
SIGNATURE OF ACCOUNT HOLDER OR AUTHORIZED SIGNER

X _____ DATE _____
SIGNATURE OF JOINT OWNER

**NOTE: Your signature must be Medallion guaranteed if the mailing address differs from that of record (this included if the proceeds are to be sent to a bank account via wire); Investor is deceased; or bank account information has changed. A Medallion Guarantee may be executed by an "eligible" guarantor. Eligible guarantors include commercial banks, trust companies, savings associations, and credit unions as defined by the Federal Deposit Insurance Act. Registered Broker-Dealers are also eligible. The Guarantee must state the words "Medallion Guarantee" along with the name of the granting institution, applied by an ink stamp before execution by the eligible guarantor. Verify with the institution that it is an eligible guarantor prior to signing the form.*

A notarization by a notary public is **NOT** acceptable.

PRINT NAME OF MEDALLION GUARANTOR _____

X _____ DATE _____
SIGNATURE AND TITLE (OFFICER OF GUARANTOR INSTITUTION)

PRINT NAME OF MEDALLION GUARANTOR _____

Affix Medallion Guarantee Stamp:

Attach a voided check from your bank account here.