

Request To Exchange Form

INSTRUCTIONS

Use this form to exchange one account to another with identical account registrations. Be sure to complete ALL sections.

1 INVESTOR INFORMATION

NAME (FIRST, MIDDLE, LAST) _____

SOCIAL SECURITY NUMBER _____ BIRTHDATE (MM/DD/YY) _____

JOINT OWNER'S NAME (FIRST, MIDDLE, LAST) (IF APPLICABLE) _____

SOCIAL SECURITY NUMBER (IF APPLICABLE) _____ BIRTHDATE (MM/DD/YY) _____

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

CITY/STATE/ZIP _____

DAYTIME PHONE NUMBER _____

2 EXCHANGE TO EXISTING ACCOUNT

For current ICON Funds shareholders who wish to exchange from an existing ICON Funds account into a different existing ICON Funds account.

Exchange From:

FUND NAME _____

ACCOUNT NUMBER(S) _____ SHARE CLASS _____

INVESTMENT AMOUNT OR PERCENTAGE _____

Exchange To:

FUND NAME _____

ACCOUNT NUMBER(S) _____ SHARE CLASS _____

INVESTMENT AMOUNT OR PERCENTAGE _____

You must indicate which Fund(s) to transfer into. The minimum investment is \$1,000 per Fund.

Please mail completed form to one of the following addresses:

Direct Mail:
 ICON Funds
 P.O. Box 55452
 Boston, MA 02205-8165

Overnight Express Mail:
 ICON Funds
 30 Dan Road
 Canton, MA 02021-2809

For help with this form, or for Fund information, prices and literature, call **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.

3 SIGNATURE (EXACTLY AS REGISTERED)

I certify that I have received and read the prospectus(es) for the Fund(s) into which I am transferring. Thank you for your prompt handling.

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.

Under the penalty of perjury, I certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, and (2) I am a U.S. person (including a U.S. resident alien).

 PRINT NAME OF ACCOUNT HOLDER OR AUTHORIZED SIGNER

X _____
 SIGNATURE OF ACCOUNT HOLDER OR AUTHORIZED SIGNER DATE

 PRINT NAME OF JOINT OWNER (IF APPLICABLE)

X _____
 SIGNATURE OF JOINT OWNER (IF APPLICABLE) DATE