

IRA Change of Beneficiary Form

INSTRUCTIONS

Use this form to change the beneficiary(ies) on your IRA account. Be sure to complete ALL sections.

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.

1 INVESTOR INFORMATION

NAME (FIRST, MIDDLE, LAST)

ACCOUNT NUMBER

FUND NAME

SOCIAL SECURITY NUMBER

2 NEW PRIMARY BENEFICIARY(IES)

As Depositor, I hereby make the following change of beneficiary in accordance with the State Street Bank and Trust Company Individual Retirement Custodial Account.

In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary(ies) that survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, his/her share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary.

NAME RELATIONSHIP

ADDRESS

CITY/STATE/ZIP

SOCIAL SECURITY/TAX ID NUMBER DATE OF BIRTH PERCENTAGE (%)

NAME RELATIONSHIP

ADDRESS

CITY/STATE/ZIP

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ADDRESS

CITY/STATE/ZIP

SOCIAL SECURITY/TAX ID NUMBER DATE OF BIRTH PERCENTAGE (%)

3 NEW SECONDARY BENEFICIARY(IES)

If none of the Primary Beneficiaries survive me, pay any interest I may have under my Account to the following Secondary Beneficiary or Beneficiaries that survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Secondary Beneficiary predeceases me, his/her share is to be divided among the Secondary Beneficiaries who survive me in the relative proportions assigned to each such surviving Secondary Beneficiary.

NAME RELATIONSHIP

ADDRESS

CITY/STATE/ZIP

SOCIAL SECURITY/TAX ID NUMBER DATE OF BIRTH PERCENTAGE (%)

NAME RELATIONSHIP

ADDRESS

CITY/STATE/ZIP

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4 SPOUSAL CONSENT

This section must be completed if the account holder is married and designates a beneficiary other than the spouse. If you reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent to the beneficiary designation by signing below. It is the account holder's responsibility to determine if this section applies. The account holder may need to consult with legal counsel. Neither the Custodian nor the Sponsor is liable for any consequences resulting from a failure of the account holder to provide proper spousal consent. See your lawyer or other tax professional for additional information and advice.

I am the spouse of the above-named account holder. 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.

X

SIGNATURE OF ACCOUNT HOLDER'S SPOUSE (IF APPLICABLE)

DATE

X

SIGNATURE OF WITNESS FOR SPOUSE

DATE

5 SIGNATURE

I understand that the beneficiaries named herein may be changed or revoked at any time by filing a new designation in writing with the Custodian. All forms must be acceptable to the Custodian and dated and signed by the Account Holder.

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

SIGNATURE OF ACCOUNT HOLDER

DATE