

Telephone Privilege Form

Use this form to update or add telephone privilege options to your account.

Please Note:

- You may be required to obtain a Medallion Guarantee to process this request. 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.
- If you are changing your current banking instructions or adding banking instructions to your account, please attach a pre-printed voided check.

1 INVESTOR INFORMATION

ACCOUNT NUMBER _____

ACCOUNT HOLDER'S NAME (FIRST, MIDDLE, LAST) _____

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

2 TELEPHONE OPTIONS

Please indicate which telephone privilege options you would like to update or add to your account.

- Telephone Redemption
- Telephone Purchase (ACH)
- Telephone Exchange

3 BANK ACCOUNT INFORMATION

To ensure proper debiting/crediting of your bank account, please attach an unsigned voided check (for checking accounts) or a savings account deposit slip or check authorization at left.

- Please use my purchase check for bank of record information. Please fill out if banking information is not included on purchase check.

NAME(S) ON BANK ACCOUNT _____

BANK NAME _____ ACCOUNT NUMBER _____

BANK ADDRESS _____

CITY/STATE/ZIP _____

BANK ROUTING/ABA NUMBER (PRINTED ON THE LOWER LEFT CORNER OF YOUR CHECK) _____

X _____
SIGNATURE OF BANK ACCOUNT OWNER OR AUTHORIZED SIGNER

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

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
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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.

4 SIGNATURE

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.

This form must be received at least 15 business days prior to initial telephone transaction.

X _____ DATE _____
SIGNATURE OF ACCOUNT HOLDER

X _____ DATE _____
SIGNATURE OF JOINT OWNER (IF APPLICABLE)

**NOTE: Your signature must be Medallion Guaranteed if the redemption exceeds \$50,000; payee or mailing address differs from that of record (this included if the proceeds are to be sent to a bank account via wire); Beneficiary or Executor is signing; Investor is deceased; proceeds are made payable to someone other than the account holder or the shareholder has recently changed address of record. 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.

X _____
PRINT NAME OF MEDALLION GUARANTOR

SIGNATURE AND TITLE (OFFICER OF GUARANTOR INSTITUTION) DATE _____

Affix Medallion Guarantee Stamp:

Attach a voided check from your bank account here.