



Account Services Authorization Form

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IMPORTANT: This form is used to make changes to your existing account(s). Please read the Fund's Prospectus for complete information about requirements and procedures for account options. Some options on this form may not be permitted for your account.

For additional information, please contact us at (800) 341-8900 or visit www.permanentportfoliofunds.com.

Mail To: Permanent Portfolio Family of Funds
c/o U.S. Bank Global Fund Services
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Permanent Portfolio Family of Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan Street, FL3
Milwaukee, WI 53202-5207

1. Account Information (if address for Joint Owner(s)/Trustee(s)/Authorized Signer(s) is identical, please write "Same")

If this box is checked, I/we give Permanent Portfolio Family of Funds authorization to update the address of record to the address listed on this form under Owner Name if it is different than the Fund's records. A signature of all account owners must be included in Section 9 in order for this change to be valid.

OWNER NAME/TRUST/CORPORATION/OTHER ENTITY

SOCIAL SECURITY/TAX I.D. NUMBER

PHONE NUMBER

STREET ADDRESS

CITY/STATE/ZIP

JOINT OWNER NAME/TRUSTEE/CUSTODIAN/AUTHORIZED SIGNER

SOCIAL SECURITY/TAX I.D. NUMBER

PHONE NUMBER

STREET ADDRESS

CITY/STATE/ZIP

JOINT OWNER NAME/CO-TRUSTEE/AUTHORIZED SIGNER

SOCIAL SECURITY/TAX I.D. NUMBER

PHONE NUMBER

STREET ADDRESS

CITY/STATE/ZIP

JOINT OWNER NAME/CO-TRUSTEE/AUTHORIZED SIGNER

SOCIAL SECURITY/TAX I.D. NUMBER

PHONE NUMBER

STREET ADDRESS

CITY/STATE/ZIP

Please list account(s) that require change:

FUND NAME

FUND NUMBER

ACCOUNT NUMBER

FUND NAME

FUND NUMBER

ACCOUNT NUMBER

FUND NAME

FUND NUMBER

ACCOUNT NUMBER

2. Type of Change (check all that apply)

- Telephone Options** - complete Sections 3 and 9, 4 if applicable.
- Bank Information** - complete Sections 4 and 9.
- Distribution Options** - complete Sections 5 and 9, 4 if applicable.

- Systematic Options** - complete Sections 6, 7 and 9, 4 if applicable.
- Checkwriting Privileges** - complete Sections 8 and 9.

3. Telephone Options (check option(s) to establish)

- Telephone Purchase via ACH
- Telephone Exchange
- Telephone Redemption By: Wire* ACH* Check to Address of Record

Please complete Section 4 for purchase or redemption via a bank checking or savings account if bank information has not already been established.

**A signature guarantee stamp is required to establish telephone redemption options per the Fund's Prospectus. A fee of \$15 will apply for proceeds sent by federal wire.*

4. Bank Information

- Add bank information (attach voided check).
- My existing bank information is no longer valid.

Please attach a voided check or pre-printed deposit slip. Checking Savings

We are unable to debit or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.

John Doe 53289
 Jane Doe
 123 Main St.
 Anytown, USA 12345

Pay to the order of _____ \$ _____
 _____ DOLLARS

Memo _____ Signed _____

VOID

⑆ 1 2 3 4 5 6 7 8 ⑆ ⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

Adding or changing bank information may require a signature guarantee per the Fund's Prospectus.

5. Distribution Options

Cash distribution should be paid by (select one):

- Check to Address of Record ACH to Bank of Record*

		Capital Gains			Dividends	
		Reinvest	Cash*		Reinvest	Cash*
FUND NAME	ACCOUNT NUMBER	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME	ACCOUNT NUMBER	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME	ACCOUNT NUMBER	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**If you choose the option to have distributions sent via ACH to bank of record, please confirm whether you currently have valid bank information on record. If adding or changing bank information, please complete Section 4 and attach a voided check.*

6. Automatic Investment Plan (AIP)

\$100 minimum

Please allow at least 15 calendar days after receipt of this form for your AIP to be effective.

If the AIP cannot be made due to insufficient funds or stop payment, a \$25 fee will be assessed on your account. The AIP will then be terminated after two such consecutive occurrences.

_____ **Purchase with:** Existing Bank Information **OR** New Bank Information*
FUND/ACCOUNT NUMBER

\$ _____
DOLLAR AMOUNT AIP START DATE (MONTH/YEAR) DAY(S) OF THE MONTH

The AIP will be purchased on the date requested or first business day after.

Frequency (check one): Monthly Quarterly Semi-Annually Annually Other _____

_____ **Purchase with:** Existing Bank Information **OR** New Bank Information*
FUND/ACCOUNT NUMBER

\$ _____
DOLLAR AMOUNT AIP START DATE (MONTH/YEAR) DAY(S) OF THE MONTH

The AIP will be purchased on the date requested or the first business day after.

Frequency (check one): Monthly Quarterly Semi-Annually Annually Other _____

**Please complete Section 4 if new bank information is being used for the Automatic Investment Plan.*

7. Systematic Withdrawal Plan (SWP)

\$100 minimum and \$5,000 account value minimum – permits the automatic withdrawal of funds.

Your signed Application must be received at least 15 calendar days prior to initial transaction.

_____ The SWP will be withdrawn on the date requested or the first business day after.
FUND/ACCOUNT NUMBER

\$ _____
DOLLAR AMOUNT SWP START DATE (MONTH/YEAR) DAY(S) OF THE MONTH

Frequency (check one): Monthly Quarterly Semi-Annually Annually

Send proceeds by (check one): Check **OR** ACH to: (check one) Existing Bank Information New Bank Information* Special Payee*

_____ MAKE CHECK PAYABLE TO STREET ADDRESS/CITY/STATE/ZIP

_____ The SWP will be withdrawn on the date requested or the first business day after.
FUND/ACCOUNT NUMBER

\$ _____
DOLLAR AMOUNT SWP START DATE (MONTH/YEAR) DAY(S) OF THE MONTH

Frequency (check one): Monthly Quarterly Semi-Annually Annually

Send proceeds by (check one): Check **OR** ACH to: (check one) Existing Bank Information New Bank Information* Special Payee*

_____ MAKE CHECK PAYABLE TO STREET ADDRESS/CITY/STATE/ZIP

**Requesting proceeds to a checking or savings account may require a medallion signature guarantee stamp. If we do not have bank information on record, please complete Section 4. Establishing a Special Payee will require a signature guarantee stamp.*

8. Check Redemption Option (Short-Term Treasury Portfolio investor only)

To establish check redemption privileges for your Short-Term Treasury Portfolio account, please sign below. Checks will be mailed within ten business days of receipt of this form. The fee for each check redemption is \$1.00. I/We guarantee the authenticity of each signature and understand the request is subject to the terms below.

Authorized Signatures

For joint accounts, all owners must sign.

SIGNATURE

SIGNATURE

SIGNATURE

I/We authorize U.S. Bank, NA to honor these share drafts and to redeem sufficient shares in my account to cover payment of such checks. I understand that: (1) this privilege may be terminated at any time by the Fund or the bank and that neither shall incur any liability for loss or expense or cost to me for honoring checks, or for effecting redemptions to pay checks, or for returning checks which have not been accepted; (2) checks drawn on a joint account will require the signature of one registered owner; and (3) by signing this card, I/we certify that each of the statements set forth on the purchase application are true and accurate.

9. Signature

I have received and understand the Prospectus for Permanent Portfolio Family of Funds, a Delaware statutory trust ("Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the Prospectus relating to investments in the Fund. I understand and agree that I have no rights, privileges, claims or remedies under any contract or agreement entered into by the Fund with the custodian, transfer agent, other service provider, agent or contractor, including without limitation, third party beneficiary rights. These contractual arrangements are not intended to, nor do they, create in any individual shareholder or group of shareholders any right, either directly or on behalf of the Fund, to either: (a) enforce such contracts against the service providers; or (b) seek any remedy under such contracts against the service providers. The Prospectus provides information concerning the Fund that I should consider in determining whether to purchase Fund shares. I understand and agree that neither the Prospectus, statement of additional information, nor this account application is intended, or should be read, to be or give rise to an agreement or contract between me and the Fund, or to give rise to any rights in any shareholder or other person other than any rights under federal or state law that may not be waived. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing sections 2, 3, 5 or 6 of this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Portfolio. U.S. Bank Global Fund Services and the Fund will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the Prospectus or the rules of the Automated Clearing House.

I certify that all information in the Account Services Authorization Form is accurate and agree to hold U.S. Bank Global Fund Services and the Fund harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences, which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

SIGNATURE OF OWNER/TRUSTEE/CUSTODIAN/AUTHORIZED SIGNER

_____ DATE (MM/DD/YYYY)

SIGNATURE OF OWNER/TRUSTEE/CUSTODIAN/AUTHORIZED SIGNER

_____ DATE (MM/DD/YYYY)

***If shares are to be registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian should sign, (3) a trust, ALL trustee(s) should sign, or (4) a corporation or other entity, an officer(s) should sign.**

AUTHORIZED SIGNATURE GUARANTEE STAMP

DATE (MM/DD/YYYY)

If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.**