

APPOINTMENT OF FINANCIAL PROFESSIONAL

For more information, contact us toll free at 800.820.0888, direct dial 301.296.5406 or fax 301.296.5103.

Visit our web site at www.rydex-sgi.com.

Standard delivery: P.O. Box 758567, Topeka, KS 66675-8567

Overnight delivery: 200 SW 6th Street, Topeka, KS 66603-3704

AC: _____
For internal use only



This form is used to authorize one or more financial professionals (e.g., an investment advisor and/or a broker) to give Rydex Investments instructions on your behalf for transactions in your account. This form must be completed and signed by the registered account owner(s) and all appointed financial professionals.

Account Registration

Account Number*

**If you are establishing a new Rydex Investments account, please send a completed application with this form and leave the account number line above blank.*

FINANCIAL PROFESSIONAL INFORMATION

By completing and signing this form, I (the Financial Professional) accept the terms set forth below. I understand that this acceptance will remain in full force and effect until such time as Rydex Investments receives written notice of its revocation from me, a representative of my firm or the registered account owner(s). I understand that if the registered account owner(s) revokes the appointment and/or authorization set forth above, Rydex Investments will not take any further instructions from me without written consent from the registered account owner(s).

If the registered account owner(s) have authorized the management fee deduction provision below, I agree (i) to provide Rydex Investments with true and accurate invoices of the management fees owed to me by the registered account owner(s) and (ii) to designate on each invoice which fund shares are to be sold in order to pay these fees. I represent that I am authorized under all applicable laws to receive such fees. I will send the registered account owner(s) notification of the amount of each invoice I provide to Rydex Investments. I acknowledge that any management fee deduction is a service provided by Rydex Investments to registered account owner(s) and understand that Rydex Investments makes no guarantees regarding this service. I will indemnify and hold harmless Rydex Investments, its officers, directors, employees and agents against any and all losses, claims, damages, liabilities, penalties, actions, proceedings, judgments or costs, including attorney's fees, which these parties may incur by relying upon my representations or the authorizations.

SHARE CLASS DESIGNATION

Please complete this section to designate the share class of the funds to be purchased in this account. If a share class is not indicated below, the account will automatically purchase Investor/H-Class shares.

Investor/H-Class

Advisor/H-Class

C-Class

A-Class

BROKER/DEALER INFORMATION (TO BE COMPLETED BY THE REGISTERED REPRESENTATIVE)

Firm Name

Telephone Number

Rep Email Address

Rep Name

Rep Code

Branch Code

Branch Address

City

State

Zip

Trading Group Number
(if applicable)

An account may only have one trading group number assigned.

B/D Registered Representative's Authorized Signature

Note: Client signature required on next page

REGISTERED INVESTMENT ADVISOR INFORMATION (TO BE COMPLETED BY THE INVESTMENT ADVISOR)

Company Name

Telephone Number

Email Address

Address

City

State

Zip

Trading Group Number
(if applicable)

An account may only have one trading group number assigned.

Advisor's Authorized Signature

AUTHORIZATION TO PAY MANAGEMENT FEES (If applicable)

- I authorize Rydex Investments to pay the account management fee owed by me to the financial professional(s) directly from my account, as invoiced by the financial professional(s). Rydex Investments may sell shares in any of the funds held in my account in order to pay these fees in the absence of receiving directions from the financial professional(s) and will not be obligated to contact me before doing so. Rydex Investments may rely on invoices provided by the financial professional(s). Rydex Investments will have no responsibility to calculate or verify fees so invoiced.
- I do NOT authorize Rydex Investments to pay any account management fee directly from my account.

AUTHORIZATION OF FINANCIAL PROFESSIONAL

The following appointment and, if applicable, authorization will remain in full force and effect until such time as Rydex Investments receives a written notice of revocation signed by the registered account holder(s) and will extend to the benefit of Rydex Investments's successors and assigns.

APPOINTMENT OF FINANCIAL PROFESSIONAL

I hereby appoint the financial professional(s) set forth above as my agent and attorney-in-fact for the purpose of giving Rydex Investments instructions for transactions in my account and authorize the financial professional(s) to take all other actions necessary or incidental thereto. Rydex Investments may rely on such instructions without obtaining any further approval, countersignature or co-signature from me or the financial professional(s).

I understand that the financial professional(s) is not an agent or employee of Rydex Investments, its affiliates or agents, and neither Rydex Investments nor its employees, agents or affiliates have approved or made any recommendation, representation or endorsement of the financial professional(s). I will indemnify and hold harmless Rydex Investments, its officers, directors, employees and agents against any and all losses, claims, damages, liabilities, penalties, actions, proceedings, judgments or costs, including attorney's fees, which these parties may incur by relying upon the representations of the financial professional(s) or for acting on any authorizations I have given herein. This duty to indemnify and hold harmless shall survive the termination of this appointment and the termination of all authorizations granted by me to Rydex Investments.

CLIENT SIGNATURE

Signature of Owner, Trustee or Custodian	Please Print Name	Date
Signature of Owner, Trustee or Custodian	Please Print Name	Date