



Power of Attorney (POA) Certification

A NOTARY SEAL IS REQUIRED FOR YOUR SIGNATURE IN SECTION 5.

Use this form to act as attorney-in-fact on a U.S. Global Investors account.

- An attorney-in-fact **cannot** be designated on a custodial, estate, trust, or guardianship account.
- The check-writing option is not available for use by an attorney-in-fact. Checks received signed by the attorney-in-fact will not be accepted.
- Certain transactions may require a Medallion Signature Guarantee stamp for your signature. If you have any questions or need additional assistance, please call an Investor Representative at 1-800-873-8637.
- A copy of the Power of Attorney document is required.

1. ACCOUNT OWNER INFORMATION

| | | | |
|----------------------------|---------------------------------------------|-----------------------------------------------|----------|
| Full name of account owner | Social security number | Birth date | |
| Mailing address | City | State | ZIP code |
| E-mail address | Primary phone number (include area code) | Alternate phone number (include area code) | |

2. ACCOUNTS

Identify the fund(s) and account to update. If no selection is made, all accounts under the social security number in Section 1 will be updated.

- Update all funds and accounts for the social security number(s) referenced in Section 1.
- Update only the account number(s) referenced below:

| | | |
|----------------|----------------|----------------|
| Account number | Account number | Account number |
| Account number | Account number | Account number |

3. ATTORNEY-IN-FACT INFORMATION

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|----------|
| Full name of attorney-in-fact (agent) | Social security number | Birth date | |
| Physical address | City | State | ZIP code |
| Note: A PO Box or private mailbox (PMB) or other mailing service cannot be accepted in lieu of a physical address. | | | |
| Mailing address (if different than physical address) | City | State | ZIP code |
| E-mail address | Primary phone number (include area code) | Alternate phone number (include area code) | |

4. AFFIDAVIT FOR ATTORNEY-IN-FACT

I, _____ [name of agent], certify that the attached is a true copy of a power of attorney naming the undersigned as agent [or successor agent] for _____ [name of principal].

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and that the power of attorney remains in full force and effect. If the attached power of attorney is not a durable power of attorney, I certify under oath that the principal is not incapacitated or disabled.

I acknowledge that this power of attorney will remain in effect until written notification is provided to U.S. Global Investors (U.S. Global) of its revocation. Such revocation will become effective once it has been received by U.S. Global in an acceptable format.

I(we) agree to indemnify and hold harmless U.S. Global Investors, Inc., U.S. Global Investors Funds, United Shareholder Services, Inc., their affiliates, subsidiaries and assignees, and any directors, officers, employees or agents of these entities, including without limitation each fund, from any claims (including reasonable attorney's fees) that may arise by reason of acting upon these instructions and that I(we) have read, understand and accept all terms and conditions detailed on this form.

This certification is made under penalty of perjury.



Signature of agent (attorney-in-fact)

Printed name of agent (attorney-in-fact)

Date

5. NOTARY PUBLIC

State of: _____

County of: _____

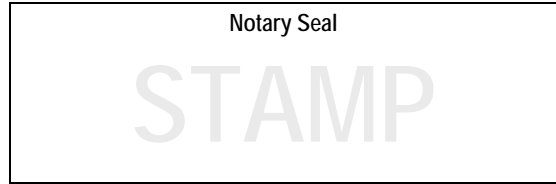
Before me, a notary public, on this _____ day of _____, 20__ personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.



Signature of Notary Public

Printed name of Notary Public

My commission expires: _____



Note: A notary seal is provided by a Notary Public authorized by the state. The Notary's signature and seal certify the signer personally appeared, was positively identified, and that the Notary witnessed the signing of the document on the date of the notarization.

When completed, send this form to: Standard Delivery Address
U.S. Global Investors, Inc.
Attn: Shareholder Services
PO Box 659405
San Antonio TX 78265-9604

Overnight Delivery Address
U.S. Global Investors, Inc.
Attn: Shareholder Services
7900 Callaghan Rd
San Antonio TX 78229-2327

If you have any questions, please contact an Investor Representative at 1-800-US-FUNDS (1-800-873-8637).