



Coverdell Education Savings Account Application

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In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number and permanent street address.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

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. Designated Beneficiary (account holder)

_____	_____	_____
FIRST NAME	M.I.	LAST NAME
_____		_____
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY/STATE/ZIP
_____	_____	<input type="checkbox"/> Check if minor should receive statements.
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	

2. Responsible Party

_____	_____	_____
FIRST NAME	M.I.	LAST NAME
_____		_____
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY/STATE/ZIP
_____	_____	_____
DAYTIME PHONE NUMBER	RELATIONSHIP TO DESIGNATED BENEFICIARY	SOCIAL SECURITY NUMBER

BIRTHDATE (MM/DD/YYYY)		

E-MAIL ADDRESS		

The following two options will be added to your account. If you do not want these options, check the boxes below.

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article V of the Coverdell Education Savings Account agreement.
 - The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VI of the Coverdell Education Savings Account agreement.
 - The responsible party may not change the beneficiary.

3. Account Type

Refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

- Coverdell Education Savings Account (CESA)

For Tax Year _____

Rollover Account – specify the type of rollover:

- Account Holder's CESA to Account Holder's CESA
- Qualifying Family Member's CESA to Account Holder's CESA
- Transfer Account – a direct transfer from current CESA custodian.

4. Investment Choices

- By check:** Make check payable to Permanent Portfolio Family of Funds.

All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post-dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

- By wire:** Call (800) 341-8900.

A completed application is required in advance of a wire.

Investment Amount
\$1,000 Minimum
\$100 Reduced Minimum with AIP

- | | |
|---|----------|
| <input type="checkbox"/> Permanent Portfolio Class I (1500) | \$ _____ |
| <input type="checkbox"/> Aggressive Growth Portfolio Class I (1501) | \$ _____ |
| <input type="checkbox"/> Short-Term Treasury Portfolio Class I (1502) | \$ _____ |
| <input type="checkbox"/> Versatile Bond Portfolio Class I (1503) | \$ _____ |

5. Election (Permanent Portfolio investors only)

- Yes** **No**

In the event that assets are distributed to me (us) in an in-kind redemption of shares in Permanent Portfolio, I (we) hereby instruct the Fund to deliver the assets to a qualified broker or dealer and to have them promptly sold by the broker or dealer, provided that the selling costs shall not exceed 2% of the proceeds of the sale. Instruct the broker or dealer to remit the net proceeds to me (us) immediately upon completion of the sale.

6. Automatic Investment Plan (AIP)

Your signed Application must be received up to 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 8 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one): Monthly Quarterly Semi-Annually Annually Other _____

If no option is selected, the frequency will default to monthly.

\$100 Minimum

<input type="checkbox"/> Permanent Portfolio Class I (1500)	\$ _____	_____	_____
	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Aggressive Growth Portfolio Class I (1501)	\$ _____	_____	_____
	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Short-Term Treasury Portfolio Class I (1502)	\$ _____	_____	_____
	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Versatile Bond Portfolio Class I (1503)	\$ _____	_____	_____
	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY

Please keep in mind:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

7. Telephone and Internet Options

You automatically have the ability to make telephone and/or internet purchases,* redemptions,* or exchanges per the Fund's Prospectus, unless you specifically decline below. See the Prospectus for minimum and maximum amounts.

* You must provide bank instructions and a voided check in Section 8.


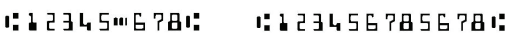
Please check the box below if you wish to decline the stated options. If you do not check the box, you are acknowledging acceptance of the options.

I decline telephone and internet, purchases, redemptions and exchanges transaction privileges.

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the Fund's Prospectus or call our Shareholder Services Office for more information.

8. Bank Information

If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund, or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).

John Doe	53289
Jane Doe	
123 Main St.	
Anytown, USA 12345	
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
	
	

9. e-Delivery Options

I would like to:

- Receive Prospectuses, Annual Reports and Semi Annual Reports electronically
- Receive statements electronically
- Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the Prospectus, fund reports, account statements and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish on-line access to your account, which you may do once your account has been established by visiting www.permanentportfoliofunds.com.

You must provide your e-mail address in Section 2 to enroll in e-Delivery.

10. Beneficiary Information (due to death)

If you need more space, please enclose a separate sheet of paper.

Primary

_____	_____	_____	_____	_____
NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
_____	_____	_____	_____	_____
NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
_____	_____	_____	_____	_____
NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

Secondary

_____	_____	_____	_____	_____
NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
_____	_____	_____	_____	_____
NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
_____	_____	_____	_____	_____
NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

11. Signature

✓ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Permanent Portfolio Family of Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I understand and agree that I have no rights, privileges, claims or remedies under any contract or agreement entered into by Permanent Portfolio Family of Funds, a Delaware statutory trust ("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. I have received and understand the Prospectus for the Fund. I understand the Fund's investment objectives and policies and agree to be bound to the terms of the Prospectus relating to investments in the Fund. 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 acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. 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 Permanent Portfolio Family of Funds within such time period. I certify that I, as the Responsible Party, am of legal age and have the legal capacity to make this purchase.

✓ I understand that the fees relating to my account may be collected by redeeming sufficient shares. The Custodian may change the fee schedule at any time.

✓ Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.

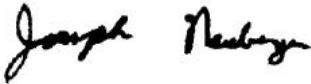
✓ The Fund, its transfer agent and any officers, directors, employees, or agents of these entities (collectively "Permanent Portfolio Family of Funds") will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. Permanent Portfolio Family of Funds 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. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR/LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (MM/DD/YYYY)

Appointment as Custodian accepted:

U.S. BANK, NA



12. Dealer Information

DEALER NAME

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

DEALER'S I.D.

BRANCH I.D.

REPRESENTATIVE'S I.D.

DEALER HEAD OFFICE INFORMATION:

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS

ADDRESS

CODE

CITY/STATE/ZIP

CITY/STATE/ZIP

TELEPHONE NUMBER

TELEPHONE NUMBER

! Before You Mail

- | | |
|--|--|
| <input type="checkbox"/> Complete all USA PATRIOT Act required information | <input type="checkbox"/> Enclose your personal check made payable to Permanent Portfolio Family of Funds |
| – Social Security or Tax I.D. Number in Sections 1 & 2 | <input type="checkbox"/> Include a voided check or savings deposit slip, if applicable |
| – Birth Date in Sections 1 & 2 | <input type="checkbox"/> Sign your application in Section 11 |
| – Full Name in Sections 1 & 2 | |
| – Permanent Street Address in Sections 1 & 2 | |

Privacy Policy

The Fund recognizes that shareholders expect an exceptional level of privacy in their financial affairs and assures the confidentiality of personal information provided to it.

The information the Fund collects is limited to what it believes is necessary or useful to conduct the Fund's business; administer shareholder records, accounts and funds; to comply with laws and regulations; and to help the Fund design or improve products and services. The Fund collects non-public personal information about its shareholders from information it receives from shareholders on applications or other forms, as well as from information about shareholders' transactions with the Fund.

Some of this information may be disclosed to non-affiliated third parties who provide non-financial services to the Fund such as our transfer agent, to administer shareholder accounts and mail transaction confirmations and tax forms, and the mailing house the Fund utilizes for mailing shareholder reports. Disclosing this information enables the Fund to meet customers' financial needs and regulatory requirements. These third parties act on the Fund's behalf and are obligated to keep the information the Fund provides to them confidential and to use the information only for the purposes authorized. The Fund does not disclose any non-public personal information about current or former shareholders to anyone, except as permitted by law. The Fund does not share information with its affiliates in order for the affiliate to market to you.

To protect shareholders' non-public personal information, the Fund permits access to it only by authorized employees and maintains security practices and procedures to safeguard such information.

In the event that shareholders hold shares of the Fund through a financial intermediary, including but not limited to, a bank, broker-dealer, trust company, investment representative or other financial intermediary, the privacy policy of such a financial intermediary would govern how a shareholder's non-public personal information would be shared with non-affiliated third parties.