

Account Services Authorization



Mail To:
 Permanent Portfolio Family of Funds, Inc.
 c/o U.S. Bancorp Fund Services, LLC
 PO Box 701
 Milwaukee, WI 53201-0701

Overnight Express Mail To:
 Permanent Portfolio Family of Funds, Inc.
 c/o U.S. Bancorp Fund Services, LLC
 615 E. Michigan St., 3rd Floor
 Milwaukee, WI 53202-5207

For additional information, please call toll-free (800) 341-8900.

1. Investor Information

FIRST NAME _____ M.I. _____ LAST NAME _____
 SOCIAL SECURITY # _____ BIRTHDATE (Mo/Dy/Yr) (MUST BE OF LEGAL AGE) _____

2. Account Identification

- Permanent Portfolio Account No. _____
- Aggressive Growth Portfolio Account No. _____
- Treasury Bill Portfolio Account No. _____
- Versatile Bond Portfolio Account No. _____

3. Automatic Investment Plan

\$100
MINIMUM AIP

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

Please include a voided bank check or savings deposit slip.

Portfolio Name		Investment Amount	Optional Automatic Investment Plan		
		AMOUNT	AMOUNT	AIP START MONTH	DAY OF MONTH
<input type="checkbox"/> Permanent Portfolio	1500	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Aggressive Growth Portfolio	1501	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Treasury Bill Portfolio	1502	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Versatile Bond Portfolio	1503	\$ _____	\$ _____	_____	_____

Based on the instructions directly above, funds will be automatically transferred from the checking or savings account indicated below. Note, we are unable to debit 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).

NAME(S) ON BANK ACCOUNT _____
 BANK NAME _____ ACCOUNT NUMBER _____
 BANK ADDRESS _____ BANK ROUTING/ABA# _____
 SIGNATURE OF BANK ACCOUNT OWNER _____ SIGNATURE OF JOINT OWNER _____

- \$25 fee will be assessed if the automatic purchase cannot be made.
- Participation in the plan will be terminated automatically upon redemption of all shares.

4. Systematic Withdrawal Plan

\$100 MINIMUM AND
 \$5,000 ACCOUNT VALUE
MINIMUM

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

Please include a voided bank check or savings deposit slip.

A medallion signature guarantee is required to add this service.

Systematic Withdrawal Plan – permits the automatic withdrawal of funds.

- Payments of \$ _____ made on or about the _____ day of each month, or
- Payments of \$ _____ made on or about the _____ day of the months that are circled below:
 Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

Payments will be mailed to address in Section 3 or automatically deposited to bank account below. Please attach a voided check or a preprinted savings deposit slip to this application. We are unable to 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).

NAME(S) ON BANK ACCOUNT _____
 BANK NAME _____ ACCOUNT NUMBER _____
 BANK ADDRESS _____ BANK ROUTING/ABA# _____

5. Redemption by Check

A medallion signature guarantee is required to add this service.

Completing this section will establish check redemption privileges for your Permanent Portfolio Family of Funds, Inc. ("Fund") account. Checks will be mailed within ten (10) business days after your account is opened.

Treasury Bill Portfolio 1502

Versatile Bond Portfolio 1503

I/We guarantee the authenticity of each signature and understand the request is subject to the terms below.

Authorized Signature(s) (For joint accounts, all owners must sign below.) **Checks drawn require one signature only.**

I/We authorized U.S. Bank N.A. ("Bank") to honor these share drafts and redeem sufficient shares in my/our account to cover payment of such checks. I/We understand that: (i) 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/us for honoring checks, or for effecting redemptions to pay checks, or for returning checks which have not been accepted; (ii) checks drawn on a joint account will require the signature of one (1) registered owner; (iii) by signing above, I/we certify that each of the statements set forth on the check redemption signature section are true and accurate.

6. Telephone Options Without Signature Guarantee

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

Please include a voided bank check or savings deposit slip.

A medallion signature guarantee is required to add this service.

Yes – I (we) authorize Permanent Portfolio Family of Funds, Inc. to honor redemption requests received by telephone or in writing without signature guarantee. Written redemptions require the signatures of all owners while one owner may make a redemption by telephone. The banking information below must be completed.

For your protection, the Fund sends the cash proceeds of a redemption made without signature guarantee only to the bank account which you have designated below. *To qualify for this service, you must enclose a deposit slip or voided check for the bank account you have designated.*

Purchase (EFT) – if checked, permits the purchase of shares from your bank account below

Exchange – if checked, permits the exchange of shares between identically registered accounts

BANK NAME (Savings & loan associations, mutual savings banks, credit unions and foreign banks do not qualify)

BANK ADDRESS (Street/City/State/Zip)

BANK ACCOUNT NUMBER

7. Agreement and Signature

I (we) agree that neither Permanent Portfolio Family of Funds, Inc., its investment adviser, its transfer agent, nor its check payment agent will be held liable for losses sustained as a result of acting on any of these authorizations, and that such authorizations will apply until revoked by us jointly. We have received, read, and carefully reviewed a copy of the Fund's current prospectus.

DATE (Mo/Dy/Yr)

SIGNATURE OF OWNER

SIGNATURE OF JOINT OWNER, if any

Medallion Signature Guarantee(s);

Sign exactly as the name(s) appears in your Shareholder Account registration; all parties named in the registration must sign. For each signature, please obtain an undated signature guarantee for a U.S. commercial bank, a member firm of the New York Stock Exchange, or a U.S. consulate. We regret we cannot accept any other type of guarantor. *Corporations, partnerships, trust, etc. must also complete the additional items; please call (800) 341-8900 for further information.*