SEP IRA CONTRIBUTION ALLOCATION FORM

IMPORTANT: This form allocates employer SEP IRA contributions to employees' ICON Funds SEP IRAs. Please enclose ICON Funds IRA Application Form(s) for all employees who are opening ICON Funds SEP IRA's at this time.

SECTION 1: Employer Information

Employer Name

Employer Address *(Required) - P.O. Box not accepted* | City, State, Zip Code

Mailing Address - *If different from above (P.O. Boxes accepted)* | City, State, Zip

( ) Day Phone | ( ) Evening Phone | E-mail Address

SECTION 2: Employer SEP Contributions

Please indicate the total amount of the contribution that you are sending with this form.

$_____ For tax year 20_____

Please enclose a check made payable to: ICON Funds

SECTION 3: Allocation to Employee's IRA

Identify each employee who is covered by this contribution; indicate the amount of the total contribution that goes to each employee, along with investment instructions. If the instructions are on the employee's ICON Funds SEP IRA Application Form (which you are sending with this form), check box A. If the contribution is for your employee's existing ICON Funds IRA(s), check box B and provide the information indicated.

If you need space for additional employees, please enclose an additional piece of paper.

NOTE: ICON Funds cannot accept any contributions without investment instructions. (Even if yours is a "one person company", please complete the section above (Employer Information) and this section providing the information required for yourself as an employee.

Employee One

Employee Name

Social Security Number | Date of Birth *(MM/DD/YY)*

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

❑ **A.** Employee ICON Funds SEP IRA Application Form enclosed; instructions therein.

OR

❑ **B.** Deposit to existing employee ICON Funds IRA Account(s) as follows:

SECTION 3: Allocation to Employee's IRA (continued)

Investment Allocation

Fund Name	Fund Number	Ticker		Amount	or	Percent	%
			$				%
			$				%
			$				%
			$				%
Total			**$**			**100**	**%**

Employee Two

Employee Name

Social Security Number

Date of Birth *(MM/DD/YY)*

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

❑ **A.** Employee ICON Funds SEP IRA Application Form enclosed; instructions therein.

OR

❑ **B.** Deposit to existing employee ICON Funds IRA Account(s) as follows:

Investment Allocation

Fund Name	Fund Number	Ticker		Amount	or	Percent	%
			$				%
			$				%
			$				%
			$				%
Total			**$**			**100**	**%**

Employee Three

Employee Name

Social Security Number

Date of Birth *(MM/DD/YY)*

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

❑ **A.** Employee ICON Funds SEP IRA Application Form enclosed; instructions therein.

OR

❑ **B.** Deposit to existing employee ICON Funds IRA Account(s) as follows:

SECTION 3: Allocation to Employee's IRA (continued)

Investment Allocation

Fund Name	Fund Number	Ticker		Amount	or	Percent	%
			$				%
			$				%
			$				%
			$				%
Total			**$**			**100**	**%**

Employee Four

Employee Name

Social Security Number

Date of Birth *(MM/DD/YY)*

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

❑ **A.** Employee ICON Funds SEP IRA Application Form enclosed; instructions therein.

OR

❑ **B.** Deposit to existing employee ICON Funds IRA Account(s) as follows:

Investment Allocation

Fund Name	Fund Number	Ticker		Amount	or	Percent	%
			$				%
			$				%
			$				%
			$				%
Total			**$**			**100**	**%**

Employee Five

Employee Name

Social Security Number

Date of Birth *(MM/DD/YY)*

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

❑ **A.** Employee ICON Funds SEP IRA Application Form enclosed; instructions therein.

OR

❑ **B.** Deposit to existing employee ICON Funds IRA Account(s) as follows:

SECTION 3: Allocation to Employee's IRA (continued)

Investment Allocation

Fund Name	Fund Number	Ticker		Amount	or	Percent	%
			$				%
			$				%
			$				%
			$				%
Total			**$**			**100**	**%**

Employee Six

Employee Name

Social Security Number

Date of Birth *(MM/DD/YY)*

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

❑ **A.** Employee ICON Funds SEP IRA Application Form enclosed; instructions therein.

OR

❑ **B.** Deposit to existing employee ICON Funds IRA Account(s) as follows:

Investment Allocation

Fund Name	Fund Number	Ticker		Amount	or	Percent	%
			$				%
			$				%
			$				%
			$				%
Total			**$**			**100**	**%**

Employee Seven

Employee Name

Social Security Number

Date of Birth *(MM/DD/YY)*

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

❑ **A.** Employee ICON Funds SEP IRA Application Form enclosed; instructions therein.

OR

❑ **B.** Deposit to existing employee ICON Funds IRA Account(s) as follows:

SECTION 3: Allocation to Employee's IRA (continued)

Investment Allocation

Fund Name	Fund Number	Ticker		Amount	or	Percent	
			$				%
			$				%
			$				%
			$				%
Total			**$**			**100**	**%**

Employee Eight

Employee Name

Social Security Number

Date of Birth *(MM/DD/YY)*

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

❑ **A.** Employee ICON Funds SEP IRA Application Form enclosed; instructions therein.

OR

❑ **B.** Deposit to existing employee ICON Funds IRA Account(s) as follows:

Investment Allocation

Fund Name	Fund Number	Ticker		Amount	or	Percent	
			$				%
			$				%
			$				%
			$				%
Total			**$**			**100**	**%**

SECTION 4: Signature

I authorize the ICON Funds and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the ICON Funds nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

Signature (of individual filling out application)

Date *(MM/DD/YY)*

Please mail completed form to:

Regular Mail:
ICON Funds
P.O. Box 1920
Denver, CO 80201

Overnight Mail:
ICON Funds
1290 Broadway, Suite 1100
Denver, CO 80203

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-800-764-0442.