

Mail to: Direxion Funds
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: Direxion Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

>> The Automatic Investment plan form allows you to invest funds into your Direxion Funds account from your bank via ACH on the date(s) you designate. You may also use this form for ACH instructions for future use. For additional information, please call toll-free 1-800-851-0511 or visit us on the web at www.direxion.com.

1 Account Information

<input type="text"/>	<input type="text"/>
ACCOUNT NAME	TELEPHONE NUMBER
<input type="text"/>	
ACCOUNT NUMBER	

2 Investment Frequency

Please allow up to 15 days from receipt of form to activate this service.

The minimum investment is \$500 per fund. I would like the plan to begin the month of _____ 20____. Please have the amount indicated below withdrawn from my bank account noted under Bank Information section, of this document and invested in the Direxion Funds below:

<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Monthly on the _____ day.
FUND		<input type="checkbox"/> Quarterly on the _____ day (Mar., June, Sept., Dec.).
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Annually on the _____ day of _____.
FUND		(Month)
<input type="text"/>	\$ <input type="text"/>	
FUND		

3 Bank Information

☐ Checking ☐ Savings

<input type="text"/>		<input type="text"/>	
NAME(S) ON BANK ACCOUNT		NAME OF BANK	
<input type="text"/>	<input type="text"/>		
BANK ACCOUNT NUMBER	ROUTING NUMBER (9 DIGITS)		
<input type="text"/>		<input type="text"/>	
ADDRESS OF BANK		CITY / STATE / ZIP	
<input type="text"/>			
BRANCH PHONE NUMBER			

3 Bank Information | continued

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 Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____ \$ _____	
_____ DOLLARS	
Memo _____	Signed _____
⑆ 1 2 3 4 5 ⑆ 6 7 8 ⑆ ⑆ 1 2 3 4 5 ⑆ 6 7 8 ⑆ 5 ⑆ 6 7 8 ⑆	

4 Signature & Certification

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Direxion Funds") will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Direxion 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 Funds' transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation. I authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.

SIGNATURE OF BANK ACCOUNT PRIMARY OWNER

DATE (MM/DD/YYYY)

SIGNATURE OF BANK ACCOUNT JOINT OWNER

DATE (MM/DD/YYYY)