



Automatic Investment Plan

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

Overnight Express Mail To: Direxion Funds
c/o U.S. Bancorp Fund Services, LLC
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.direxionfunds.com.

1 Account Information

ACCOUNT NAME

TELEPHONE NUMBER

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 Please have the amount indicated below withdrawn from my bank account noted under bank information, section 3, of this document and invested in the Direxion Funds below:

\$

FUND

\$

FUND

\$

FUND

- Monthly on the _____ day.
- Quarterly on the _____ day (Mar., June, Sept., Dec.).
- Annually on the _____ day of _____ (Month).

3 Bank Information

- Checking
- Savings

NAME(S) ON BANK ACCOUNT

NAME OF BANK

BANK ACCOUNT NUMBER

ROUTING NUMBER (9 DIGITS)

ADDRESS OF BANK

CITY / STATE / ZIP

BRANCH PHONE NUMBER

4 Voided Check for Bank Information

Please attach a voided check in this space. We are unable to debit or credit mutual fund or pass-through 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 _____

⑆ 12345 ⑆ 6789

⑆ 123456789 ⑆ 0123

VOID

5 Signature

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, NA, 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.

SIGNATURE OF BANK ACCOUNT PRIMARY OWNER

DATE (MM/DD/YYYY)

SIGNATURE OF BANK ACCOUNT JOINT OWNER

DATE (MM/DD/YYYY)