Kinetics Mutual Funds, Inc.
Advisor Class IRA Transfer Form

[If this is for a new IRA Account, an IRA Application must accompany this form.]

Mail to: Kinetics Funds
c/o US Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: Kinetics Funds
c/o US Bancorp Fund Services, LLC
615 E. Michigan St. FL 3
Milwaukee, WI 53202-5207

For additional information, please call toll free **1-800-930-3828** or visit us on the web at **www.kineticsfunds.com.**

1. Investor Information

_____ ____ _____
FIRST NAME MI LAST NAME

_____
SOCIAL SECURITY NUMBER

_____
ADDRESS

_____
CITY / STATE / ZIP

(_____)_____ (_____)_____
DAYTIME PHONE NUMBER EVENING PHONE NUMBER

2. Instructions to Current IRA Custodian or Plan Administrator

Please include a copy of your current account statement.

_____
CURRENT CUSTODIAN OR PLAN ADMINISTRATOR

_____
ACCOUNT NUMBER CONTACT PERSON CONTACT NUMBER

_____
ADDRESS

Consider this your authorization to send my IRA or my distribution from my qualified retirement plan:
o All Assets
OR
o $ _____ or _____%

Please process this request:
o immediately
OR
o at maturity _____ *(month / day / year)*

* Please liquidate all assets if no selections are made.

Note: There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities). Please contact your current custodian or plan administrator to determine the applicable penalty, if any. Please send all transfer requests **at least three (3) weeks** before maturity to allow for proper time limitations.

Send the check representing the assets payable to "Kinetics Funds" along with a copy of this form to:
Kinetics Funds
FBO [Shareholder Name]
[Account Number]
c/o US Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

3. Account Information

A Kinetics Funds IRA Account Application must be completed to process this transfer if a new account is being established. The Fund(s) and the allocation(s) specified on the Application will be used if they are different from those listed below.

		New	Existing	Account # (if applicable)	Amount	Percentage
o The Internet Fund – Advisor Class A	321	o	o	_____	$ _____ OR	_____%
o The Paradigm Fund – Advisor Class A	322	o	o	_____	$ _____ OR	_____%
o The Medical Fund – Advisor Class A	323	o	o	_____	$ _____ OR	_____%
o The Small Cap Opportunities Fund – Adv. Class A	324	o	o	_____	$ _____ OR	_____%
o The Market Opportunities Fund – Advisor Class A	329	o	o	_____	$ _____ OR	_____%
o The Water Infrastructure Fund – Advisor Class A	334	o	o	_____	$ _____ OR	_____%
o The Internet Fund – Advisor Class C	333	o	o	_____	$ _____ OR	_____%

o The Paradigm Fund – Advisor Class C	325	o	o	_____ $ _____	OR _____%
o The Medical Fund – Advisor Class C	332	o	o	_____ $ _____	OR _____%
o The Small Cap Opportunities Fund – Adv. Class C	331	o	o	_____ $ _____	OR _____%
o The Market Opportunities Fund – Advisor Class C	330	o	o	_____ $ _____	OR _____%
o The Water Infrastructure Fund – Advisor Class C	335	o	o	_____ $ _____	OR _____%

4. Age 70 ½ Information

Check one of the following:

o I am under the age of 70 ½ and do not turn 70 ½ at any time during the calendar year

OR

o I am age 70 ½ or older and understand that no part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a transfer or rollover of my required distribution occurs.

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5. Conversion of Traditional IRA to Roth IRA

o Check here if you are distributing assets from a Traditional IRA with the intention of establishing a Roth IRA.

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6. Signature and Certification

I certify that I have established an IRA with the Kinetics Funds, of which U.S. Bank, NA, is the Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize U.S. Bancorp Fund Services, LLC, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X_____ _____

SIGNATURE OF OWNER DATE (Mo / Day / Yr)

_____

SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

IMPORTANT: *Please contact your current Custodian to determine if a signature guarantee* is required.*

** A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions, and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near each of your signatures being guaranteed. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution.* ***Please note that a Notary Public Seal or Stamp is not acceptable.***

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7. Acceptance / Custodian Authorization

U.S. Bank, NA, hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in a Kinetics Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. Bank, NA,

Before you mail, have you:

o Completed an IRA Account Application if the transfer of direct rollover is going to a new account?

o Included documents from your current custodian or plan administrator, if required?

o Signed the application in Section 6 ?