



Kinetics Mutual Funds, Inc.

Mail to:

Kinetics Mutual Funds, Inc
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Automatic Investment Plan Application (Advisor & No-load Classes)

Use this form for individual, custodial, trust profit sharing or pension plan accounts. Do not use this form for Kinetics Mutual Funds, Inc. sponsored IRA or SEP IRA accounts. Please call 1-800-930-3828 for additional information.

Instructions and Conditions

- ◆ Your signed Automatic Investment Plan Application must be received at least 15 business days prior to your initial transaction
- ◆ Your Account must be established at the minimum initial investment level (\$2,500) before this Automatic Investment Plan goes into effect. To establish a new account with Automatic Investment plan features, you must also complete a Purchase Application.
- ◆ If the automatic purchase cannot be made due to insufficient funds or stop payment, a \$25 fee will be assessed.
- ◆ The Plan will be terminated upon redemption or exchange of all shares.
- ◆ An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your application.

Information

_____	_____
FUND NAME	FUND ACCOUNT NUMBER

NAME(S) ON ACCOUNT	

ADDRESS	

CITY/STATE/ZIP	
_____	_____
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER

Investment Instructions

Please start my Automatic Investment Plan as described in the Prospectus beginning:
 DAY _____ MONTH _____ YEAR _____. I hereby instruct US Bancorp Fund Services LLC, Transfer Agent for the Kinetics Mutual Funds, to automatically transfer \$ _____ (minimum \$100.00) directly from my checking, NOW on account named below on the _____ of each business month or the first business day thereafter into the _____ Fund.
Fund Name

Bank Account Information

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

Certification and Signatures

I have read and understand the conditions of the Automatic Investment Plan Account. I authorize you to honor all debit entries via the ACH Network initialized through US Bancorp Fund Services, LLC on behalf of US Bancorp Fund Services, LLC. All such debits are subject to sufficient collected funds in my account to pay the debit when presented. I also understand that this plan may be terminated or modified at any time by Kinetics Mutual Funds.

_____	_____
SIGNATURE OF OWNER(S)	DATE
_____	_____
SIGNATURE OF OWNER(S)	DATE