

# Automatic Investment Plan Application

Advisor & No-load Classes

**Regular Mail:**  
 Kinetics Mutual Funds  
 c/o U.S. Bank Global Fund Services  
 PO Box 219252  
 Kansas City, MO 64121-9252

**Overnight Delivery:**  
 Kinetics Mutual Funds  
 c/o U.S. Bank Global Fund Services  
 801 Pennsylvania Ave Suite 219252  
 Kansas City, MO 64105-1307

## Instructions and Conditions

- ◆ Your signed Automatic Investment Plan Application must be received at least 7 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 then be terminated after two such consecutive occurrences.
- ◆ 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.

## Account Information | If address for Joint Owner(s)/Authorized Signer(s) is identical, please write "Same".

If this box is checked, I/we give the Fund authorization to update the address of record to the address listed on this form under Owner Name if it is different than the Fund's records. A signature of all owners must be included in the Signatures section in order for this change to be valid.

NAME OF TAXABLE OWNER / TRUST / CORPORATION / ENTITY	SOCIAL SECURITY / TAX ID NUMBER	PHONE NUMBER
STREET ADDRESS	CITY / STATE / ZIP	
NAME OF JOINT OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER	SOCIAL SECURITY / TAX ID NUMBER	PHONE NUMBER
STREET ADDRESS	CITY / STATE / ZIP	

## Add a New Automatic Investment Plan

	<b>Purchase with:</b> Bank Account	
FUND AND ACCOUNT NUMBER		
		\$
AIP START DATE (MONTH/YEAR)	DAY(S) OF THE MONTH	DOLLAR AMOUNT

**NOTE:** The AIP will be purchased on the date requested or first business day after.

**Frequency (check one):**  Monthly  Quarterly  Semi-Annually  Annually

	<b>Purchase with:</b> Bank Account	
FUND AND ACCOUNT NUMBER		
		\$
AIP START DATE (MONTH/YEAR)	DAY(S) OF THE MONTH	DOLLAR AMOUNT

**NOTE:** The AIP will be purchased on the date requested or first business day after.

**Frequency (check one):**  Monthly  Quarterly  Semi-Annually  Annually

## Update an Existing Automatic Investment Plan

If you are changing your bank information please indicate the last date you would like your current AIP to run:

Stop Immediately  Specific Date \_\_\_\_\_ (Note: Your AIP will be stopped immediately if no date is specified)

<input type="text"/>	<b>Purchase with:</b> Bank Account	<input type="text"/>
FUND AND ACCOUNT NUMBER		
<input type="text"/>	<input type="text"/>	<input type="text"/>
AIP START DATE (MONTH/YEAR)	DAY(S) OF THE MONTH	DOLLAR AMOUNT

**NOTE:** The AIP will be purchased on the date requested or first business day after.

**Frequency (check one):**  Monthly  Quarterly  Semi-Annually  Annually

\*Please complete the Bank Information section if new bank information is being used for the Automatic Investment Plan

## Bank Information | Check appropriate action and attach preprinted, voided check or preprinted deposit slip.

Please attach a pre-printed, voided check, or a pre-printed deposit slip below.

Account Type:  Checking  Savings

(We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.)

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 ⑆

\* Adding or changing bank information may require signature authentication per the Fund's prospectus.

\*\* Please be advised that signature guarantee is required in order to add bank information belonging to someone other than the account owner(s). The bank account owner(s) must sign in the Bank Account Owner(s) Signatures and Signature Guarantee section and obtain a signature guarantee.

## Bank Account Owner Signature(s) and Signature Guarantee

If the bank information provided in the Bank Information section does not list a registered account owner, trustee, or authorized signer as a bank account owner, ALL bank account owners must sign below and obtain a signature guarantee.

<input type="text" value="X"/>	<input type="text" value="X"/>
SIGNATURE OF BANK ACCOUNT OWNER	SIGNATURE OF BANK ACCOUNT OWNER
<input type="text"/>	We suggest you contact your financial institution to verify the documentation required to obtain a signature guarantee for your specific situation.
SIGNATURE GUARANTEE	

## Signature & Certification

I have read and understand the prospectus for my mutual fund. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected account.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities 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. U.S. Bank Global Fund Services and the Fund family 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. 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.

I certify that all information in the application is accurate, and agree to hold U.S. Bank Global Fund Services harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result in information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

X	
SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)

**\*If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustees must sign, or (4) a corporation or other entity, an authorized signer must sign.**