



Kinetics Mutual Funds, Inc.

Entity Account Application

Please do not use this form for IRA accounts

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

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

>> In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

1 Investor Information | Select one

- C Corporation
- Partnership
- Limited Liability Company
- S Corporation
- Other Entity
- Exempt Organization

NAME OF CORPORATION / PARTNERSHIP AND STATE OF ORGANIZATION

NAME(S) OF AUTHORIZED SIGNER(S)

TAX ID NUMBER

Check here if you are a government entity or affiliated with a government entity.

You must supply documentation to substantiate the existence of your organization. (e.g., Articles of Incorporation/Formation/Organization, Partnership Agreement, or other official documents.)

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

2 Beneficial Owner Information

Please complete the table below for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more of the equity interests of the Legal Entity listed in Section 1.** If no individuals meet this criteria, please leave the table blank to certify this requirement does not apply for the Legal Entity.

Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed within the table (ex. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.).

For Foreign Persons: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

	Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Persons)	Passport Number and Country of Issuance (For Foreign Persons)
1					
2					
3					
4					

3 Controller Information

Please complete the table below with the requested information for one individual with significant responsibility for managing the Legal Entity listed in Section 1, such as an executive officer or senior manager (ex. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or any other individual who regularly performs similar functions (a beneficial owner named in Section 2 can be listed here if appropriate).

For a Foreign Person: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Person)	Passport Number and Country of Issuance (For Foreign Person)

4 Permanent Street Address

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

STREET		APT / SUITE	
CITY	STATE	ZIP CODE	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER	
E-MAIL ADDRESS			

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME			
NAME			
STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

Mailing Address* (if different from Permanent Address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

** A P.O. Box may be used as the mailing address.*

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME			
NAME			
STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

5 Cost Basis Method

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation.** If you do not elect a Cost Basis Method, your account will default to **Average Cost**.

Primary Method (Select only one)

- Average Cost** – averages the purchase price of acquired shares
- First In, First Out** – oldest shares are redeemed first
- Last In, First Out** – newest shares are redeemed first
- Low Cost** – least expensive shares are redeemed first
- High Cost** – most expensive shares are redeemed first
- Loss/Gain Utilization** – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
- Specific Lot Identification** – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

Secondary Method – applies only if Specific Lot Identification was elected as the Primary Method (Select only one)

- First In, First Out
- Last In, First Out
- Low Cost
- High Cost
- Loss/Gain Utilization

Note: If a Secondary Method is not elected, First In, First Out will be used.

6 Investment and Distribution Options

- By check:** Make check payable to the Kinetics Mutual Funds, Inc.

Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

- By wire:** Call 1-800-930-3828.

Note: A completed application is required in advance of a wire.

	Investment Amount		Capital Gains		Dividends	
	\$2,500 Minimum - No Load and Advisor Classes	\$1,000,000 Minimum - Institutional Class	Reinvest	Cash*	Reinvest	Cash*
The Internet Fund <input type="checkbox"/> No Load 310 <input type="checkbox"/> Class A 321 <input type="checkbox"/> Class C 333	\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Global Fund <input type="checkbox"/> No Load 315 <input type="checkbox"/> Class A 342 <input type="checkbox"/> Class C 343	\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Paradigm Fund <input type="checkbox"/> No Load 312 <input type="checkbox"/> Class A 322 <input type="checkbox"/> Class C 325 <input type="checkbox"/> Institutional 326	\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Medical Fund <input type="checkbox"/> No Load 314 <input type="checkbox"/> Class A 323 <input type="checkbox"/> Class C 332	\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Small Cap Opportunities Fund <input type="checkbox"/> No Load 317 <input type="checkbox"/> Class A 324 <input type="checkbox"/> Class C 331 <input type="checkbox"/> Institutional 327	\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Market Opportunities Fund <input type="checkbox"/> No Load 328 <input type="checkbox"/> Class A 329 <input type="checkbox"/> Class C 330 <input type="checkbox"/> Institutional 344	\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Alternative Income Fund <input type="checkbox"/> No Load 337 <input type="checkbox"/> Class A 334 <input type="checkbox"/> Class C 335 <input type="checkbox"/> Institutional 336	\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If nothing is selected, capital gains and dividends will be reinvested.

6 Investment and Distribution Options *continued*

Investment Amount

\$2,500 Minimum - No Load and Advisor Classes
\$1,000,000 Minimum - Institutional Class

The Multi-Disciplinary Income Fund
 No Load 341 Class A 338 Class C 339
 Institutional 340

\$

Capital Gains
 Reinvest Cash*

Dividends
 Reinvest Cash*

The Spin-Off and Corporate
 Restructuring Fund
 No Load 649 Class A 008
 Class C 019 Institutional 031

\$

If nothing is selected, capital gains and dividends will be reinvested.

***Cash distribution should be paid by (select one):** Check to Address of Record ACH to Bank of Record

Valid Voided Check or Savings Deposit Slip Needed

7 Automatic Investment Plan (AIP)

Your signed Application must be received up to 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 10 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP Monthly

The Internet Fund

No Load 310 Class A 321
 Class C 333

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

The Global Fund

No Load 315 Class A 342
 Class C 343

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

The Paradigm Fund

No Load 312 Class A 322
 Class C 325 Institutional 326

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

The Medical Fund

No Load 314 Class A 323
 Class C 332

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

The Small Cap Opportunities Fund

No Load 317 Class A 324
 Class C 331 Institutional 327

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

The Market Opportunities Fund

No Load 328 Class A 329
 Class C 330 Institutional 344

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

The Alternative Income Fund

No Load 337 Class A 334 Class
 C 335 Institutional 336

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

The Multi-Disciplinary Income Fund

No Load 341 Class A 338
 Class C 339 Institutional 340

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

The Spin-Off and Corporate
 Restructuring Fund

No Load 649 Class A 008
 Class C 019 Institutional 031

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

8 Telephone and Internet Options

Please select your preferred option(s). Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

You have the ability to make telephone and/or internet purchases*, redemptions* or exchanges per the prospectus by checking the box below. See the prospectus for minimum and maximum amounts.

* You must provide bank instructions and a voided check in Section 10.

I accept telephone and/or internet transaction privileges.

9 Systematic Withdrawal Plan (SWP)

Your signed Application must be received at least 15 calendar days prior to initial transaction.

System Withdrawal Plan (SWP) \$10,000 account value minimum - No Load and Advisor Classes, \$5,000,000 account value minimum - Institutional Classes – permits the automatic withdrawal of funds.

Payments will be mailed to address in Section 4.

Payments will be deposited directly into your bank account. Please attach a voided check or savings deposit slip to Section 10 of this application. We are unable to credit mutual fund or pass-through (“for further credit”) accounts.

Make payments Monthly Quarterly Annually **starting with the month given here:**

The Internet Fund

No Load 310 Class A 321
 Class C 333

AMOUNT PER WITHDRAWAL

SWP START MONTH

SWP START DAY

The Global Fund

No Load 315 Class A 342
 Class C 343

AMOUNT PER WITHDRAWAL

SWP START MONTH

SWP START DAY

The Paradigm Fund

No Load 312 Class A 322
 Class C 325 Institutional 326

AMOUNT PER WITHDRAWAL

SWP START MONTH

SWP START DAY

The Medical Fund

No Load 314 Class A 323
 Class C 332

AMOUNT PER WITHDRAWAL

SWP START MONTH

SWP START DAY

The Small Cap Opportunities Fund

No Load 317 Class A 324
 Class C 331 Institutional 327

AMOUNT PER WITHDRAWAL

SWP START MONTH

SWP START DAY

The Market Opportunities Fund

No Load 328 Class A 329
 Class C 330 Institutional 344

AMOUNT PER WITHDRAWAL

SWP START MONTH

SWP START DAY

The Alternative Income Fund

No Load 337 Class A 334
 Class C 335 Institutional 336

AMOUNT PER WITHDRAWAL

SWP START MONTH

SWP START DAY

The Multi-Disciplinary Income Fund

No Load 341 Class A 338
 Class C 339 Institutional 340

AMOUNT PER WITHDRAWAL

SWP START MONTH

SWP START DAY

The Spin-Off and Corporate Restructuring Fund

No Load 649 Class A 008
 Class C 019 Institutional 031

AMOUNT PER WITHDRAWAL

SWP START MONTH

SWP START DAY

10 Bank Information

If you selected any options which require banking information, 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 _____
⑆ 1 234 56789 ⑆	⑆ 1 234 56789 ⑆

11 Letter of Intent - Advisor Class A Shares Only

- I agree to the terms of the Letter of Intent set forth in the prospectus. Although I am not obligated to do so, it is my intention to invest over a 13-month period in shares of the Kinetics Mutual Funds, Inc on which a sales load has been paid an aggregate amount equal to at least:
- \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

12 Right of Accumulation - Advisor Class A Shares Only

A reduced sales load applies to any purchase of the Kinetics Mutual Funds, Inc shares, sold with a sales load, where an investor's then-current investment is \$50,000 or more. If you have additional Kinetics Mutual Funds, Inc accounts, please list them here:

Existing Account Number(s):

13 Signature and Certification Required by the Internal Revenue Service

✓ I have received and understand the prospectus for the Kinetics Mutual Funds, Inc (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. 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 the legal capacity to make this purchase.

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, 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 Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions 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 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 not honored 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 Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

✓ **Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)**

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

✓ I hereby certify that to the best of my knowledge, the information provided about me, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.

PRINTED NAME OF AUTHORIZED SIGNER

SIGNATURE OF AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

14 Dealer Information

DEALER NAME

DEALER'S ID

BRANCH ID

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

REPRESENTATIVE'S ID

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS

CODE

CITY / STATE / ZIP

TELEPHONE NUMBER

! Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Tax ID Number in Section 1?
 - Permanent street address in Section 4?
- Enclosed your check made payable to Kinetics Mutual Funds, Inc.?
- Included a voided check or savings deposit slip, if applicable?
- Signed your application in Section 13?
- Enclosed additional documentation, if applicable?

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