



# Kinetics Mutual Funds, Inc.

## Advisor Class IRA Account Application

*For Traditional, Roth, SEP, and SIMPLE IRAs*

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

Overnight Express Mail to: Kinetics Mutual Funds, Inc.  
c/o U.S. 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](http://www.kineticsfunds.com).

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number, and permanent street address**. 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 as an age-appropriate distribution at the current day's net asset value.

### 1. Investor Information

FIRST NAME

M.I.

LAST NAME

SOCIAL SECURITY NUMBER

BIRTH DATE (Mo / Dy / Yr)

DRIVER'S LICENSE OR STATE I.D. NUMBER

STATE OF ISSUE

### 2. Permanent Street Address

(Residential Address or Principal Place of Business – No P.O. Box addresses or foreign addresses)

STREET

APT / SUITE

CITY

STATE

ZIP CODE

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

### o Mailing Address (No foreign addresses):

*If completed, this address will be used as the Address of Record for all statements, checks, and required mailings.*

STREET

APT / SUITE

CITY

STATE

ZIP CODE

### 3. Type of IRA

If no tax year is indicated, we will assume it is for the current tax year.

Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

- o **Traditional IRA Account**
  - o Contribution for tax year \_\_\_\_\_
  - o IRA to IRA Transfer (please complete IRA Transfer Form)
  - o Rollover (shareholder had receipt of funds)
- o **Traditional IRA Rollover Account**
  - o Rollover IRA to Rollover IRA
  - o Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator. Please check the type of qualified plan:
    - o Corporate
    - o Pension
    - o PSP
    - o 401(k)
    - o 403(b)
    - o Other \_\_\_\_\_
- o **Roth IRA Account**
  - o Contribution for tax year \_\_\_\_\_
  - o Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form) – Original Roth IRA funding year \_\_\_\_\_
  - o Traditional IRA to Roth IRA – Year of conversion from a Traditional IRA to a Roth IRA \_\_\_\_\_
  - o Rollover from Roth IRA (shareholder had receipt of funds) – Original Roth IRA funding year \_\_\_\_\_
- o **SEP (Simplified Employee Pension Plan)** - Each employee must complete an *IRA Application*.
  - o Contribution
  - o Transfer from another SEP IRA Account
  - o Rollover (shareholder had receipt of funds)
- o **SIMPLE IRA** (Be sure to complete Section 10)
  - o Contribution
  - o Transfer from another SIMPLE IRA Account
  - o Rollover (shareholder had receipt of funds)

### 4. Investment Choices:

- o By check: Make check payable to The Kinetics Mutual Funds. \$ \_\_\_\_\_  
*Note: Generally, cashier's checks of \$10,000 or less, money orders of any amount, and third party checks are not accepted.*
- o By wire: Call 1-800-930-3828. Indicate amount of wire: \$ \_\_\_\_\_

<u>Fund Name</u>	<u>Investment Amount</u> \$2,500.00 Minimum	<u>Distribution Options</u>		
		Capital Gains & Dividends Reinvested	Capital Gains Reinvested & Dividends in Cash*	Capital Gains & Dividends in Cash*
o The Internet Fund – Advisor Class A (321)	\$ _____	o	o	o
o The Global Fund – Advisor Class A (342)	\$ _____	o	o	o
o The Paradigm Fund – Advisor Class A (322)	\$ _____	o	o	o
o The Medical Fund – Advisor Class A (323)	\$ _____	o	o	o
o The Small Cap Opportunities Fund – Advisor Class A (324)	\$ _____	o	o	o
o The Market Opportunities Fund – Advisor Class A (329)	\$ _____	o	o	o
o The Water Infrastructure Fund – Advisor Class A (334)	\$ _____	o	o	o
o The Multi-Disciplinary Fund – Advisor Class A (338)	\$ _____	o	o	o
o The Internet Fund – Advisor Class C (333)	\$ _____	o	o	o
o The Global Fund – Advisor Class C (343)	\$ _____	o	o	o
o The Paradigm Fund – Advisor Class C (325)	\$ _____	o	o	o
o The Medical Fund – Advisor Class C (332)	\$ _____	o	o	o
o The Small Cap Opportunities Fund – Advisor Class C (331)	\$ _____	o	o	o
o The Market Opportunities Fund – Advisor Class C (330)	\$ _____	o	o	o
o The Water Infrastructure Fund – Advisor Class C (335)	\$ _____	o	o	o
o The Multi-Disciplinary Fund – Advisor Class C (339)	\$ _____	o	o	o

*If nothing is checked, all distributions will be reinvested*

\* Unless otherwise indicated, cash distributions will be mailed to the address in Section 2.

**5. Automatic Investment Plan**

The initial \$2,500 minimum must be met in order to participate in the Plan. Applications must be received 15 business in advance of the start date.

If you choose this option, funds will be automatically transferred from your bank account monthly. Please attach a voided check or savings deposit slip to Section 6 of this application. We are unable to debit mutual fund or pass-through (“for further credit”) accounts.

		Amount per Draw	AIP Start Month	AIP Start Day
<input type="checkbox"/>	The Internet Fund – Advisor Class A (321)	\$ _____	_____	_____
<input type="checkbox"/>	The Global Fund – Advisor Class A (342)	\$ _____	_____	_____
<input type="checkbox"/>	The Paradigm Fund – Advisor Class A (322)	\$ _____	_____	_____
<input type="checkbox"/>	The Medical Fund – Advisor Class A (323)	\$ _____	_____	_____
<input type="checkbox"/>	The Small Cap Opportunities Fund – Advisor Class A (324)	\$ _____	_____	_____
<input type="checkbox"/>	The Market Opportunities Fund – Advisor Class A (329)	\$ _____	_____	_____
<input type="checkbox"/>	The Water Infrastructure Fund – Advisor Class A (334)	\$ _____	_____	_____
<input type="checkbox"/>	The Multi-Disciplinary Fund – Advisor Class A (338)	\$ _____	_____	_____
<input type="checkbox"/>	The Internet Fund – Advisor Class C (333)	\$ _____	_____	_____
<input type="checkbox"/>	The Global Fund – Advisor Class C (343)	\$ _____	_____	_____
<input type="checkbox"/>	The Paradigm Fund – Advisor Class C (325)	\$ _____	_____	_____
<input type="checkbox"/>	The Medical Fund – Advisor Class C (332)	\$ _____	_____	_____
<input type="checkbox"/>	The Small Cap Opportunities Fund – Advisor Class C (331)	\$ _____	_____	_____
<input type="checkbox"/>	The Market Opportunities Fund – Advisor Class C (330)	\$ _____	_____	_____
<input type="checkbox"/>	The Water Infrastructure Fund – Advisor Class C (335)	\$ _____	_____	_____
<input type="checkbox"/>	The Multi-Disciplinary Fund – Advisor Class C (339)	\$ _____	_____	_____

**Please keep in mind that:**

- There is a \$25 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.

<b>6. Letter of Intent</b>	<input type="checkbox"/> 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 equal to at least: <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
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<b>7. Right of Accumulation</b>	A reduced sales load applies to any purchase of The Kinetics Funds Advisor Class A shares, sold with a sales load, where then-current investment is \$50,000 or more. I/We own shares of one or more Kinetics Mutual Funds Advisor Class A shares:  Existing Account Number(s) _____
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<b>8. Waiver of Class A Sales Charge</b>	Check the box if you are eligible to purchase Fund shares at a net asset value, as described in the prospectus: <input type="checkbox"/> Registered Broker Dealer <input type="checkbox"/> Officer, director or employee of Kinetics or its affiliates <input type="checkbox"/> Other _____
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**9. Voided Check for Bank Information**

Your signed application must be received at least 15 business days prior to initial transaction.

A voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required.

If you selected this option in Section 5, funds will be automatically transferred from your checking or savings account. Please attach a voided check or savings deposit slip to this application. 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).

**ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE**

**10. Telephone and Internet Options**

Your signed application must be received at least 15 business days prior to initial transaction.

- Exchange** (\$2,500 minimum) - permits the exchange of shares between identically registered accounts
- Purchase (EFT)** (\$100 minimum) – permits the purchase of shares from your bank account. *Attach a voided check or savings deposit slip to Section 8.*
- E-mail Address** – permits the Fund to send you Fund updates \_\_\_\_\_

To sign up for internet access, please visit [www.kineticsfunds.com](http://www.kineticsfunds.com) once your account has been established.

**11 Beneficiary Information** *(If you need more space, please enclose a separate sheet of paper.)*

**Primary**

NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____

**Secondary**

NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

**X** \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF SPOUSE

## 12 Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt The Kinetics Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for The Kinetics Funds (the "Funds"). I understand the Funds' objectives and policies and agree to be bound to 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 documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds 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 Funds and its transfer agent shall not be liable if I fail to notify The Kinetics Funds within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of maturity, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Kinetics Funds") will not be responsible for banking system delays beyond their control. By completing sections 4,5 or 6, 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 Kinetics 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.

\_\_\_\_\_  
DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

\_\_\_\_\_  
DATE (Mo / Dy / Yr)

Appointment as Custodian accepted:  
U.S. Bank, N.A.



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## 13 SIMPLE IRA

### Employer Information

\_\_\_\_\_  
EMPLOYER (COMPANY) NAME

\_\_\_\_\_  
EMPLOYER STREET ADDRESS

\_\_\_\_\_  
EMPLOYER CITY / STATE / ZIP CODE

\_\_\_\_\_  
EMPLOYER CONTACT (NAME)

\_\_\_\_\_  
EMPLOYER CONTACT BUSINESS PHONE NUMBER

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## 14 Dealer Information

Please be sure to complete representative's first name and middle initial.

\_\_\_\_\_  
DEALER NAME

DEALER HEAD OFFICE INFORMATION:

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
REPRESENTATIVE'S LAST NAME      FIRST NAME      MI

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP

\_\_\_\_\_  
TELEPHONE NUMBER

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### Before you mail, have you:

- Completed all USA PATRIOT Act required information?
  - Social Security or Tax ID number in Section 1?
  - Birth date in Section 1?
  - Full name in Section 1?
  - Permanent street address in Section 2?
- Enclosed your check made payable to The Kinetics Mutual Funds?
- Included a voided check, if applicable?
- Signed your application in Section 12