



Kinetics Mutual Funds, Inc.

Kinetics Government Money Market Fund Application

Please do not use this form for IRA accounts.

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

Overnight Express Mail to: Kinetics Mutual Funds, Inc.
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.

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

Individual

FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)

SOCIAL SECURITY NUMBER DRIVER'S LICENSE OR STATE I.D. NUMBER STATE OF ISSUE

Joint Owner

FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)

SOCIAL SECURITY NUMBER DRIVER'S LICENSE OR STATE I.D. NUMBER STATE OF ISSUE

Registration will be Joint Tenancy with Rights of Survivorship (JTWRROS) unless otherwise specified.

Gift to Minor

CUSTODIAN'S FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)

(ONLY ONE PERMITTED)

CUSTODIAN'S SOCIAL SECURITY NUMBER DRIVER'S LICENSE OR STATE I.D. NUMBER STATE OF ISSUE

MINOR'S FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)

(ONLY ONE PERMITTED)

MINOR'S SOCIAL SECURITY NUMBER MINOR'S STATE OF RESIDENCE

Corporation/
Trust *

NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION

Partnership*

NAME(S) OF TRUSTEE(S)

Other Entity*

SOCIAL SECURITY NUMBER / TAX ID NUMBER DATE OF AGREEMENT (Mo / Dy / Yr)

* You must supply documentation to substantiate existence of your organization (i.e. Articles of Incorporation / Formation / Organization, Trust Agreements, 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. Permanent Street Address (PO Box is not acceptable)
(Residential Address or Principal Place of Business-No Foreign Addresses)

STREET

APT / SUITE

CITY

STATE

ZIP CODE

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

Mailing Address (if different from Permanent):
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

Duplicate Statement #1
Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

STREET

APT / SUITE

CITY

STATE

ZIP CODE

Duplicate Statement #2
Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

STREET

APT / SUITE

CITY

STATE

ZIP CODE

3. Investment and Distribution Options

(\$2,500 Minimum Investment)

- By check payable to: Kinetics Government Money Market Fund. \$ _____
 - By wire: Call 1-800-930-3828. Indicate amount of wire: \$ _____
 - Reinvest all Dividend and Capital Gain Distributions
 - Reinvest all Dividend Distributions and Send Capital Gain Distributions in Cash
 - Send Dividend and Capital Gain Distributions in Cash
- If nothing is selected, distributions will be reinvested.
Cash distributions will be sent to the Address of Record given in Section 2 unless otherwise indicated.*

4. Automatic Investment Plan

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

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 7 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

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.

Amount per Draw

AIP Start Month

AIP Start Day

\$ _____

5. Telephone and Internet Options

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

To sign up for internet access, please visit www.kineticsfunds.com once your account has been established.

- Redemption** (\$100 minimum) – permits the transfer of funds via:
 - Check to address in section 2
 - Federal wire to your bank account below (\$15.00 charge for each wire)*
 - EFT, at no charge, to your bank below (funds are typically credited within two days after redemption)*
- Purchase (EFT)** (\$100 minimum) - permits the on-demand purchase of shares from your bank account.*
- Exchange** – permits the exchange of shares between identically registered accounts.

E-mail Address – permits the Fund to send you updates _____

* If you selected any of these options, please attach a voided check to this application. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-through account.

