



**WINTERGREEN
FUND**

Account Application

Account Number (if known)

Do not use this application for Individual Retirement Accounts.
For assistance with this form, please call 1-888-468-6473.
Visit www.wintergreenfund.com to open your account online.

Return your completed application to:
Wintergreen Fund, Inc.
P. O. Box 701
Milwaukee, WI 53201-0701

Our overnight mail address is:
Wintergreen Fund, Inc.
615 East Michigan Street, 3rd Floor
Milwaukee, WI 53202

THE USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. You may also be asked to show other identifying documentation.

Your full name, date of birth, Social Security number, and permanent street address must be provided and will be verified as required by the Patriot Act. If these fields are not completed, this application will be returned.

1. TYPE OF ACCOUNT

INDIVIDUAL/JOINT TENANT

Choose One: Individual Joint Tenants (*With right of survivorship.*) Tenants in Common Tenants in Entirety Community Property State

Owner's Name	Social Security Number	Birth Date (Month, Day, Year)
Joint Owner's Name	Joint Owner's Social Security Number	Birth Date (Month, Day, Year)

Attach separate list for additional registrants including full name, social security number and date of birth.

You must be a US citizen or resident alien residing in the U.S. or a U.S. Territory (or with a U.S. diplomatic or military address) with a valid U.S. Taxpayer Identification Number to open an account. Requests to open an account for persons residing outside of the US or a US Territory will not be accepted.

GIFT OR TRANSFER TO A MINOR (UGMA/UTMA)

Custodian's Name	Custodian's State	Custodian's Social Security Number	Custodian's Birth Date (Month, Day, Year)
Minor's Name	Minor's Social Security Number	Minor's Birth Date (Month, Day, Year)	

CORPORATE/ORGANIZATION *(A copy of the certified articles of incorporation and the business license of the corporation must be attached. This information is required to setup the account.)*

Entity Type:

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

Name of Sole Proprietor or Names of Partners (If applicable)	Employer Tax Identification Number (For all businesses/organizations)
Name of Business or Organization	

TRUST *(Please include a copy of the Trust document. This information is required to setup the account.)*

Name of Trust Agreement	Trust's Tax Identification Number	Date of Trust Agreement (Month, Day, Year)
Trustee's Name	Trustee's Social Security Number	Trustee's Birth Date (Month, Day, Year)
Co-Trustee's Name	Transfer on Death To	

If more than one Trustee, please attach separate list with Name(s), Date(s) of Birth, and Social Security Number(s).

Check if exempt from verification due to:

Publicly Traded Symbol _____ Financial Institution regulated by a federal functional regulator Bank regulated by state bank regulator Retirement plan covered by ERISA

Authorized Trader/Trustee Last Name _____ First Name _____ MI _____
SS# _____ Birth Date _____

* Attach separate list for additional Authorized Traders including full name, social security number, and date of birth.

GOVERNMENT ENTITY *(Check here if you are a government entity or affiliated with a government entity.)*

2. YOUR ADDRESS

PERMANENT STREET ADDRESS (Must be within the U.S. or a U.S. Territory and may not be a P.O. Box)

Wintergreen Fund is currently not accepting subscriptions from investors that do not have a valid U.S. address.

Street Address and Apartment		
City	State	Zip Code
Daytime Telephone Number	Evening Telephone Number	
E-Mail Address		

MAILING ADDRESS (If different from Permanent Address)

Street Address or P.O. Box Number		
City	State	Zip Code

3. 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.

4. INVESTMENT OPTIONS

Wintergreen Fund's minimum initial investment is \$10,000 for Investor Class shares and \$100,000 for Institutional Class shares.

INVESTOR CLASS

Initial Account Minimum \$10,000

Existing Account Minimum \$1,000

INSTITUTIONAL CLASS

Initial Account Minimum \$100,000

Existing Account Minimum \$1,000

Amount \$	Amount \$
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5. DISTRIBUTION PAYMENT OPTIONS

All income dividends and capital gains distributions will be automatically reinvested unless indicated below.

- INCOME DIVIDENDS Reinvest in Shares Send by check *
- CAPITAL GAINS Reinvest in Shares Send by check *

*Check will be mailed to account address of record.

6. METHOD OF PAYMENT

Please indicate below how you will pay for your investment.

My check payable to
Wintergreen Fund, Inc.

My payment will be made by wire.

If paying by wire, please call Shareholder Services at 1-888-468-6473 for instructions and to obtain an account number prior to sending funds. We accept bank to bank transfers only – not Western Union or other moneygrams.

*U.S. Bank, N.A.
ABA #075-000-022
Credit to U.S. Bancorp Fund Services, LLC
Account Number: 112-952-137
Further credit to: Wintergreen Fund, Inc. (Your name and account number)*

7. SPECIAL ACCOUNT SERVICES

AUTOMATIC INVESTMENT PROGRAM (“AIP”)

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

Yes, I would like to automatically add to my account by transferring money from my bank to my Wintergreen Fund account on a regular basis.

INVESTOR CLASS

Automatic Investment Plan Minimum \$100

INSTITUTIONAL CLASS

Automatic Investment Plan Minimum \$1,000

Amount
\$

Amount
\$

AIP Start Month

AIP Start Day

Type of Account (Please attach a voided check or deposit slip to the space provided)

Savings Account Checking Account

Name of Bank

Bank Account Number

CO-SIGNER AUTHORIZATION

Co-Signer Name

Signature

Date

Any co-signer of the checking/savings account must authorize this service by signing above.

TELEPHONE AND INTERNET OPTIONS

Instead of mailing written instructions, you can use the telephone and/or internet to conveniently purchase fund shares or to initiate redemptions. Telephone and internet purchase and redemption privileges are automatically granted to your account, unless you check the boxes below:

I DECLINE the telephone and internet redemption option for my account. I DECLINE the telephone and internet purchase option for my account.

Neither the Fund nor the Transfer Agent will be liable for properly acting upon telephone instructions believed to be genuine.

8. VOIDED CHECK FOR BANK INFORMATION

If you would like an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, or a systematic withdrawal plan, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

ATTACH VOIDED CHECK
OR PREPRINTED
SAVINGS DEPOSIT SLIP
HERE

9. DUPLICATE STATEMENTS

Please complete this section if you would like a duplicate account statement sent to another party. Please attach a separate sheet with additional parties if needed.

Name

E-Mail Address

Street Address and Apartment or P.O. Box Number

City

State

Zip Code

10. E-DELIVERY OPTIONS

I would like to:

- Receive prospectuses, annual reports and semi-annual reports electronically
- Receive statements electronically
- Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish on-line access to your account, which you may do once your account has been established by visiting www.wintergreenfund.com.

Please note, you must provide your email address in Section 2 to enroll in e-Delivery.

11. TERMS AND CONDITIONS

I have received and understand the Prospectus for Wintergreen Fund, Inc. (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the Prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies, 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 legal capacity to make this purchase.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Wintergreen Fund, Inc.") will not be responsible for banking system delays beyond their control. By completing sections 6, or 7, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the Fund. Wintergreen Fund, Inc. 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, internet, 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 with respect to 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 Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.

Under penalty of perjury, I certify that (1) the Social Security number or taxpayer identification number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

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

Signature	Title or Capacity (If applicable)	Date
Joint Tenant's Signature (If applicable)	Title or Capacity (If applicable)	Date

Please note that in some cases, under provisions of the Patriot Act, you may be required to provide additional verification to support your identity, such as a driver's license, birth certificate, or passport.

12. FINAL CHECKLIST

Before you mail, have you:

Completed all USA PATRIOT Act required information?

- Social Security or Tax ID Number?
- Birth Date?
- Full Name?
- Permanent street address?

Enclosed your personal check made payable to Wintergreen Fund, Inc.?

(Reminder: Generally, cashier's checks of \$10,000 or less, money orders of any amount, and third party checks are not accepted.)

Included a voided check or preprinted savings deposit slip, if applicable?

Signed your application?

Enclosed additional documentation, if applicable?