



Coverdell Education Savings Account Application

For additional information please call toll-free (888) GOTOGREEN (888-468-6473) or visit us on the web at www.wintergreenfund.com.

Account Number (if known)

Mail To:
 Wintergreen Fund, Inc.
 c/o U.S. Bancorp Fund Services, LLC PO Box 701
 Milwaukee, WI 53201-0701

Overnight Express Mail To:
 Wintergreen Fund, Inc.
 c/o U.S. Bancorp Fund Services, LLC
 615 E. Michigan St., FL 3
 Milwaukee, WI 53202-5207

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. DESIGNATED BENEFICIARY

(Account Holder)

First Name	M.I.	Last Name
Permanent Street Address (P.O. Box is not acceptable)		
City	State	Zip Code
Social Security Number	Birth Date (Month, Day, Year)	

2. RESPONSIBLE PARTY

First Name	M.I.	Last Name
Permanent Street Address (P.O. Box is not acceptable)		
City	State	Zip Code
Daytime Telephone Number	E-mail Address	
Relationship to Designated Beneficiary	Social Security Number	
Birth Date (Month, Day, Year)	Driver's License or State I.D. Number	State of Issue

THE FOLLOWING 2 OPTIONS WILL BE ADDED TO YOUR ACCOUNT. IF YOU DO NOT WANT THESE OPTIONS, CHECK THE BOXES BELOW.

I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article V of the Coverdell Education Savings Account agreement.

The responsible party does not wish to control the account after age of majority.

II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VI of the Coverdell Education Savings Account agreement.

The responsible party may not change the beneficiary.

3. ACCOUNT TYPE

Refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

- Coverdell Education Savings Account (CESA). For tax year _____.
- Rollover Account – specify the type of rollover:
 - Account Holder's CESA to Account Holder's CESA
 - Qualifying Family Member's CESA to Account Holder's CESA
- Transfer Account – a direct transfer from current CESA custodian.

4. INVESTMENT OPTIONS

Wintergreen Fund's minimum initial investment for Coverdell Education Savings Accounts is \$2,000 for Investor Class shares and \$100,000 for Institutional Class shares.

INVESTOR CLASS

Initial Account Minimum \$2,000
Existing Account Minimum \$1,000

INSTITUTIONAL CLASS

Initial Account Minimum \$100,000
Existing Account Minimum \$1,000

Amount \$

Amount \$

By check. (Please make check payable to Wintergreen Fund, Inc.) \$ _____

By wire (Please call 888-GOTOGREEN (888-468-6473))
Indicate amount of wire \$ _____

5. AUTOMATIC INVESTMENT OPTIONS

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

AIP Start Month

Amount \$

Amount \$

AIP Start Day

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

Based on the instructions in Section 4, funds will be automatically transferred from the checking or savings account on the slip below:

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

- A fee will be assessed if your bank refuses the automatic purchase draw.
- Participation in the plan will be terminated upon redemption of all shares.
- Automatic Investments will be reported as current year contributions

ATTACH VOIDED CHECK
OR PREPRINTED
SAVINGS DEPOSIT SLIP
HERE

6. 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.

7. 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.

8. SIGNATURE REQUIRED

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt Wintergreen Fund, Inc. 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 Wintergreen Fund, Inc. (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 Wintergreen Fund, Inc. within such time period. I certify that I as the Responsible Party am of legal age and have the legal capacity to make this purchase.

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 based on the information provided, if necessary.

The Funds, the applicable 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 4, or 5, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. Wintergreen Fund, Inc. 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.

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.

Depositor / Legally Responsible Individual's Signature

Date (Month, Day, Year)

Appointment as Custodian accepted:

U.S. BANK, NA



9. FINAL CHECKLIST

Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Social Security or Tax ID Number in Sections 1 and 2?
 - Birth Date in Sections 1 and 2?
 - Full Name in Sections 1 and 2?
 - Permanent street address in Sections 1 and 2?
- Enclosed your check made payable to Wintergreen Fund, Inc.?
- Included a voided check, if applicable?
- Signed your application?