



**WINTERGREEN  
FUND**

# Individual Retirement Account Application

Account Number (if known) \_\_\_\_\_

For assistance with this form, please call 1-888-468-6473.  
**Visit [www.wintergreenfund.com](http://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 IRA

Please choose only one.

- Traditional IRA: For tax year \_\_\_\_\_.
- Transfer IRA (Please complete the enclosed IRA Asset Transfer Form.)
- Direct Rollover IRA (Please complete any additional form(s) required by your Plan Administrator)
- SEP-IRA: For tax year \_\_\_\_\_.
- Roth IRA: For tax year \_\_\_\_\_.
- Roth Conversion IRA
- Simple IRA (Be sure to complete Section 8)

### TRADITIONAL IRA INSTRUCTIONS

To establish a traditional IRA account, please tell us how you will be funding the account.

#### A. By asset transfer from an existing traditional IRA.

To transfer assets to Wintergreen Fund, Inc. from a traditional IRA held by another custodian, choose the option below that describes your transfer and complete the IRA Asset Transfer Form. Wintergreen Fund will contact your current custodian to arrange the transfer.

- Asset transfer from an existing direct rollover traditional IRA. *(Choose this funding option if your current traditional IRA contains either all personal contributions, or a combination of personal contributions and assets previously rolled over from an employer-sponsored retirement plan.)*
- Asset transfer from an existing traditional IRA. *(Choose this funding option if your current traditional IRA contains only assets previously rolled over from an employer-sponsored retirement plan.)*
- Asset transfer from an inherited IRA.  
Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### B. By check. *(Please make check payable to Wintergreen Fund, Inc.)*

- Annual contribution. For tax year \_\_\_\_\_.
- Rollover from a previously held traditional IRA. *(Applicable only if you have possession of the traditional IRA assets you had held at another institution. Please remember, you must deposit the full value of your assets – including any taxes that were withheld – within 60 days.)*

### ROTH IRA INSTRUCTIONS

To establish a Roth IRA account, please tell us how you will be funding the account.

#### A. By asset transfer from an existing Roth IRA.

- Asset transfer (To transfer assets to Wintergreen Fund, Inc. from a Roth IRA held by another custodian, also complete the enclosed Asset Transfer Form. Wintergreen Fund, Inc. will contact your current custodian to arrange the transfer.)
- Asset transfer from an inherited Roth IRA  
Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### B. By check. *(Please make check payable to Wintergreen Fund, Inc.)*

- Annual contribution. For tax year \_\_\_\_\_.
- Rollover from previously held Roth IRA. *(Applicable only if you have possession of the Roth IRA assets you had held at another institution. Please remember, you must deposit the full value of your assets – including any taxes that were withheld – within 60 days.)*

## 2. YOUR NAME AND ADDRESS

If this IRA is being established for a minor who has earned income, write the minor's name, and next to the name, the words "a minor."

Wintergreen Fund is currently not accepting subscriptions from investors that do not have a valid U.S. address (which includes U.S. military and diplomatic addresses).

### PERMANENT STREET ADDRESS (P.O. Box is not acceptable)

Owner's Name		Social Security Number	
Street Address and Apartment			
City	State	Zip Code	
Daytime Telephone Number		Evening Telephone Number	
E-mail Address		Birth Date (Month, Day, Year)	

### MAILING ADDRESS (If different from Permanent Address)

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

### 3. INVESTMENT OPTIONS

Wintergreen Fund's minimum initial investment for IRAs is \$3,000 for Investor Class shares and \$100,000 for Institutional Class shares.

#### INVESTOR CLASS

Initial IRA Minimum \$3,000

Existing IRA Minimum \$1,000

#### INSTITUTIONAL CLASS

Initial IRA Minimum \$100,000

Existing IRA Minimum \$1,000

Amount \$
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Amount \$
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### 4. 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		Street Address and Apartment or P.O. Box Number	
City	State	Zip Code	E-Mail Address

### 5. 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 \$
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Amount \$
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AIP Start Month
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AIP Start Day
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Type of Account (Please attach a voided check or deposit slip to the space provided)

Savings Account  Checking Account

Name of Bank
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Bank Account Number
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#### CO-SIGNER AUTHORIZATION

Co-Signer Name
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Signature
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Date
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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. Telephone and internet purchase privileges are automatically granted to your account, unless you check the boxes below:

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.

## 6. 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

## 7. BENEFICIARY DESIGNATION

I designate the individual(s)/entity named below as beneficiary of this IRA. I revoke all prior IRA beneficiary designations, if any, made by me for these assets. I understand that I may change or add beneficiaries at any time by written notice to the custodian. (If you are not survived by any beneficiary, see "Designation of Beneficiary" section of the Disclosure Statement for the distribution of your account assets.)

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If none of the Primary Beneficiaries survive, the balance in the account shall be paid to the Secondary Beneficiaries who survive me in equal shares (or in the specified shares, as indicated).

### PRIMARY BENEFICIARIES

Name	Relationship	City/State/Zip	Social Security Number	Birth Date	Percent
Name	Relationship	City/State/Zip	Social Security Number	Birth Date	Percent
Name	Relationship	City/State/Zip	Social Security Number	Birth Date	Percent

### SECONDARY BENEFICIARIES

Name	Relationship	City/State/Zip	Social Security Number	Birth Date	Percent
Name	Relationship	City/State/Zip	Social Security Number	Birth Date	Percent
Name	Relationship	City/State/Zip	Social Security Number	Birth Date	Percent

#### Consent of Spouse:

(If required) I consent to the above Beneficiary Designation.

Signature of Spouse	Date (Month, Day, Year)
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Note: Consent of the Participant's Spouse may be required in a community property or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, or WI, to effectively designate a beneficiary other than or in addition to the Participant's Spouse.

## 8. SIMPLE IRA PLANS ONLY

Complete this section only if you selected "Simple IRA" as your Type of IRA in Section 1.

#### Employer Information:

Employer (Company) Name	Employer Street Address	
Employer City / State / Zip Code	Employer Contact Name	Employer Contact Business Phone

## 9. 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](http://www.wintergreenfund.com).

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

## 10. SIGNATURE REQUIRED

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the 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 understand the prospectus for the Wintergreen Fund, Inc. (the "Fund"). I understand the Fund's 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, 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. 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 majority, 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 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.

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 NA, 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, Internet, 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.

Depositor / Legally Responsible Individual's Signature

Date (Month, Day, Year)

Appointment as Custodian accepted:

U.S. BANK, NA



*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.*

## 11. 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, 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?