

# NEW ACCOUNT FORM

CLASS I SHARES AND SELECT SHARES

Mail To: Wilmington Funds P.O. Box 534481 Pittsburgh, PA 15253-4481

# WILMINGTON FUNDS

For help with this application, or for more information, call Shareholder Services toll-free at 1-800-836-2211.

ACCT # \_\_\_\_\_

### Important information About Procedures For Opening A New Account

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 your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. If you fail to provide the information and/or documentation that we request, we may be unable to open your account and/or execute your desired transaction(s).

Also, if any information you provide us is false or we are unable to verify your identity, we may close your account, and you will be subject to all applicable costs and charges as a result.

Please check applicable box:

- U.S. Citizen
- U.S. Resident Alien
- Non-Resident Alien\*
- U.S. Legal Entity
- Foreign Legal Entity\*

\* The Wilmington Funds is unable to accept an account for a non-resident alien (a person who is not a permanent resident or citizen of the U.S.) or for a foreign legal entity (any business or other entity that is organized under the laws of, or located in, a country other than the U.S.).

### I. Account Registration (Check one box)

- Individual
- Joint Account
- Transfer on Death (TOD)\*
- JT WROS
- Tenant in Common
- JT Tenancy by Entirety
- Community Property

Owner's Name: (First, Middle Initial, Last) \_\_\_\_\_

Owner's Social Security Number (SSN) \_\_\_\_\_ Birth Date \_\_\_\_\_

Joint Owner's Name: (First, Middle Initial, Last) \_\_\_\_\_

Owner's Social Security Number (SSN) \_\_\_\_\_ Birth Date \_\_\_\_\_

Joint Owner's Name: (First, Middle Initial, Last) \_\_\_\_\_

Joint Owner's Social Security Number (SSN) \_\_\_\_\_ Birth Date \_\_\_\_\_

**Joint accounts will be registered joint tenants with rights of survivorship unless otherwise indicated.**

**\* For TOD accounts, please complete the TOD Beneficiary form.**

**Corporation, Partnership, Trust or Other Entity\***

- Type:**
- Trust
  - Organization
  - Sole Proprietor
  - Executor/Administrator
  - Government, County, Municipality
  - Company
  - POA
  - Gdn/Conservator
  - S-Corporation
  - C-Corporation
  - Partnership
  - Not-for-profit Entity
  - Corporation

### I. Account Registration (continued)

Name of Entity \_\_\_\_\_

Name of Authorized Person \_\_\_\_\_

Name of Second Authorized Person (if applicable) \_\_\_\_\_

Tax ID Number (TIN) \_\_\_\_\_

State of Organization \_\_\_\_\_

- \* Please note: Additional documentation is required to open these accounts. Please contact Shareholder Services for additional information.
- \* Please note: An S- Corporation will be established unless otherwise indicated.

### 2. Address

Legal Address (do not use a P.O. Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) Street or P.O. Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: day ( ) \_\_\_\_\_  
evening ( ) \_\_\_\_\_

### 3. Your Investment

\$1,000,000 minimum for Class I Shares and \$100,000 for Select Shares.

Name of Fund	Share Class	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### 4. Method of Investing

- Check payable to: Wilmington Funds (Redemption proceeds from Fund shares purchased by check may not be available for a period of seven days from the date of deposit.)**
- By Wire: For wire instructions call Wilmington Funds Shareholder Services at 1-800-836-2211.
- Systematic Investment Plan: Complete Section 7, Systematic Investment or Withdrawal Plan, and Section 8, Bank Account Information.



**11. Signature (continued)**

**Certification of Taxpayer Identification Number and Signature(s)**

**Required by Federal tax law to avoid backup withholding**

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number or I am waiting for a number to be issued to me, **and**
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends; or (c) 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).
- 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

*The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.*

\_\_\_\_\_  
Signature of Owner, Custodian, or Authorized Person(s)      Date

\_\_\_\_\_  
Signature of Owner, Custodian, or Authorized Person(s)      Date

\_\_\_\_\_  
Signature of Joint Owner, or Additional Authorized Person(s)      Date

**12. Mailing Information**

Please send completed form  
to: **Wilmington Funds**  
**P.O. Box 534481**  
**Pittsburgh, PA 15253-4481**