New Account Form

Class I Shares, Select Shares, Institutional & Preferred Institutional

Wilmington FUNDS

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

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.).

1. 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)

Joint 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
- ❑ Partnership
- ❑ Not-for-profit Entity
- ❑ Corporation
- ❑ S-Corporation
- ❑ C-Corporation

1. 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

Class I Shares
Minimum Initial Investment Amount: $100,000
Select Class Shares
Minimum Initial Investment Amount: $ 100,000
Institutional Class Shares
Minimum Initial Investment Amount (U.S. Government Money Market Fund): $2,500,000
Minimum Initial Investment Amount (U.S. Treasury Money Market Fund): $ 500,000
Preferred Institutional Class Shares
Minimum Initial Investment Amount (U.S. Government Money Market Fund): $5,000,000
Minimum Initial Investment Amount (U.S. Treasury Money Market Fund): $1,000,000

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.

5. Dividend and Capital Gains Payment Option

Both income dividends and capital gains will automatically be reinvested in additional shares unless you choose otherwise below.

- ❑ Pay income dividends in cash.*
- ❑ Pay income gains in cash.*
- ❑ Redirect dividend(s) and capital gains to be reinvested into Fund:

_____

* Normally a check is mailed to the address of record. If you want payments deposited to your bank account instead, check this box ☐ and complete Section 8, Bank Account Information.

6. Telephone Service Options

For telephone and ACH services to be activated, you must complete Section 8, Bank Account Information. Unless otherwise indicated below, all service options will apply to your account.

- ❑ I do not want telephone or ACH services on my account.
- ❑ I do not want Telephone Exchange privileges.
- ❑ I do not want Telephone Purchase privileges.
- ❑ I do not want Telephone Redemption privileges.
- ❑ I do not want ACH purchase and redemption privileges.

7. Systematic Investment or Withdrawal Plan

❑ **Systematic Investment Plan.***

Transfer $_____ (minimum $25) from my bank account to my Wilmington _____ Fund account.

Please Note: Fund shares purchased systematically do not have immediate availability of redemption proceeds.

❑ **Systematic Withdrawal Plan.***

Transfer $_____ (minimum $50) and send proceeds from my Wilmington Fund account to my bank account or by check made payable to:

_____

_____

❑ **Systematic Exchange Plan.***

Transfer (sell) $_____ (minimum $50) or _____ shares from my Wilmington _____ Fund to (buy) shares in Wilmington _____ Fund with the same registration.

Process systematic option on _____ day of each

❑ month, ❑ quarter, ❑ semi-annual or, ❑ annual date (check one).

Begin on _____ (Day/Month)

** Also complete Section 8, Bank Account Information.*

8. Bank Account Information

Bank Name | Bank Routing Number

Name(s) on Bank Account

Names on Fund Registration

All existing bank account holders must authorize.

Authorization

Authorization

Bank Account No. | ❑ Checking | ❑ Savings

Please attach a voided check or deposit slip.

9. Cost Basis Method

The cost basis of covered shares, generally shares acquired on or after January 1, 2012, is determined using the fund's default method, unless you elect another method below. Please check one box.

- ❑ Average Cost (Default Cost Basis Method)
- ❑ First In, First Out
- ❑ Highest In, First Out
- ❑ Last In, First Out
- ❑ Low Cost
- ❑ Specific Share Identification-Manual Lot Selection*

* If lots are not specified for redemptions or other dispositions, shares will be redeemed using the FIFO method.

The method you elect will apply to all covered shares for the funds established under this account, including funds you may acquire at a later date, unless you instruct us otherwise. If available, cost basis for noncovered shares, generally shares acquired before January 1, 2012, is determined using the Average Cost method.

To determine which cost basis method is appropriate for your tax situation, please consult a qualified tax professional.

10. Investment Professional Information — To be completed by Broker, Investment Advisor, Financial Planner, etc.

Firm or Institution Name

Dealer Number/Branch or Group Number/Branch

Firm or Institution Address

Representative Name and Number

City | State | Zip Code

Representative Phone Number

11. Signature

By signing this New Account Form below, I acknowledge that:

- ❑ I have received and read the prospectus for each of the Funds in which I am investing. I understand that the prospectus terms are incorporated into this New Account Form by reference.
- ❑ I agree that neither the Custodian, the Transfer Agent, the Wilmington Funds, their distributor, or any of their affiliates will be responsible for the authenticity of any instructions given and shall be fully indemnified and held harmless from any and all direct and indirect liabilities, losses or costs resulting from acting upon such instructions.
- ❑ I am of legal age in my state and have authority and legal capacity to purchase mutual fund shares.
- ❑ I understand that shares of the Funds are not deposits or obligations of Wilmington Trust Investment Advisors, Inc., M&T Bank, or any of its banking affiliates, are not endorsed or guaranteed by the Bank, and are not insured by the FDIC, the Federal Reserve Board, or any other government agency. Investment in shares of the Funds involves risk, including possible loss of principal.
- ❑ Per state requirements, property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.
- ❑ I certify, under penalties of perjury, that the information provided in thisNew Account Form is accurate and true to the best of my knowledge and belief, and:

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