

SYSTEMATIC ON DEMAND INVESTMENT/WITHDRAWAL

PLAN AND SYSTEMATIC TRANSFER EXCHANGE PLAN (STEP) APPLICATION

Mail To: Wilmington Funds P.O. Box 9828 Providence, RI 02940

WILMINGTON FUNDS

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

Internal Acct. ID: _____

Fund and Account #: _____

Section 1: Wilmington Fund Information

I/We request that the firm debit or credit the account that I/we have in:

Fund Name _____ Share Class _____ Account Number _____

Fund Name _____ Share Class _____ Account Number _____

Registered to _____,

which was established through _____, (Name of Bank/Brokerage Firm),

according to the instructions below.

Section 2: Selection of Service

A. On Demand Telephone Investment/Withdrawal Plan (ia Automated Clearing House-ACH)

I authorize the firm to act upon telephone instructions for investments into or withdrawals from my Wilmington Fund account.

Telephone instructions may be provided by the shareowner of record or the institution through which the Wilmington Fund account was established. Telephone requests for investments, exchanges between funds and/or withdrawals can be made on a daily basis.

Complete Checking/Savings Account Information Section.*

B. Systematic Investment/Withdrawal Plan or to have dividends sent Via Automated Clearing House-ACH

I elect the following option:

- Systematic Investment **into** my Wilmington Fund account. Must have a balance in account before ACH is activated (\$25 minimum transaction). Initial amount per prospectus is \$1,000, with subsequent investments of \$25.
- Systematic Withdrawal **from** my Wilmington Fund account (\$50 minimum transaction, \$10,000 minimum account balance required).
- Dividends from my Wilmington Fund account.

I authorize the firm to process withdrawals from my Wilmington Fund account to be processed on the / days of each of the following months (must be at least 7 days apart):

- | | | |
|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March |
| <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September |
| <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Start Date _____ (Please allow 14 days for set-up.)

If the date you selected falls on a weekend or holiday your systematic investment will be processed on the next business day following.

Complete Section 3. Checking/Savings Account Information Section.*

C. Systematic Withdrawal Plan (Receive a check by mail)

I authorize the firm to process withdrawals from my Wilmington Fund account to be processed on the / days of each of the following months (must be at least 7 days apart):

- | | | |
|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March |
| <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September |
| <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Amount \$ _____ (\$10,000 minimum account balance required at time program is established)

Send Proceeds to: Address of my Wilmington Fund account registration
 Special Payee or address other than address of my Wilmington Fund account registration
(Requires Signature Guarantee on page 2):

Start Date _____ (Please allow 14 days for set-up.)

If the date you selected falls on a weekend or holiday your systematic withdrawal will be processed on the next business day.

Note: Shareholders investing in Wilmington Funds "B" Shares should refer to their prospectus and/or statement of additional information for details on the Wilmington Funds Systematic Withdrawal Plan.

D. Systematic Transfer Exchange Plan (STEP)

I authorize the firm to process STEP investments into my Wilmington Fund account (\$25 minimum) in each of the following months:

- | | | |
|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March |
| <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September |
| <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Days of month _____ Amount \$ _____ (Indicate Dates) (\$25 minimum)

Take from my _____ (Fund and Account Number)

and place in my _____ (Fund and Account Number)

FOR DEALER USE ONLY

Dealer Code _____ Branch Code _____ Representative Code _____ Dual Employee ID _____ Representative's Full Name _____

Section 3: Checking/Savings Account Information

Institution Name (please print) Account Type

Institution Address Account Number

City State Zip

Name(s) on Account ABA Routing Number

NOTE: Please attach one voided check or deposit slip for ACH privileges. Is this a change from your primary account on file? Yes No

Section 4: Agreement

I/We agree that neither the Financial Institution, Service Agent nor the Wilmington Funds will be liable for any loss, liability, cost, or expense that I/ We may incur as a result of acting upon any instructions reasonably believed to be true. I/We further agree that the Service Agent, Wilmington Funds and the Financial Institution will not be responsible or liable for any act of omission beyond that imposed by law. Wilmington Fund shares purchased by ACH are non-redeemable for a period of seven (7) calendar days.

I/We understand that I/we may terminate this agreement at any time by writing to Service Agent or my/our Financial Institution, and that my/our written notification will go into effect as soon as the Service Agent or my/our Financial Institution has the reasonable opportunity to act on it.

Please Sign Here:

Signature of Owner, Custodian, Trustee or Date
Corporate Officer* (title, if appropriate)
as appears in registration.

Signature of Joint Shareowner or Co-Trustee or Date
Corporate Officer* (title, if appropriate)
as appears in registration.

*** If applicable, attach a certified corporate resolution with a list of all signing officers.**

Have your signature(s) guaranteed by one of these guarantors.

- A Medallion Signature Guarantee is required for the following circumstances:
 - Address is different from address of record.
 - Person noted is different than name on registration.
 - Banking institution instructions are different than instructions on file.
- A Trust company or commercial bank whose deposits are insured by the Bank Insurance Fund which is administered by the FDIC; or
- A member firm of the New York, American, Boston, Midwest, or Pacific Stock Exchange; or
- A savings and loan institution, or savings bank, whose deposits are insured by the Savings Association Insurance Fund which is administered by the FDIC.
- A guarantee by a credit union or notarization by a notary public is unacceptable.

Signature(s) Guaranteed by:

Name of Firm or Bank

Signature of Officer and Title

Mail completed application to:
Wilmington Funds
P.O. Box 9828
Providence, RI 02940