LETTER OF INTENT



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

For help with this form, or for more informatio	on, call Shareholder Services toll-free at 1-800-83	6-2211.			
	Ir	nternal Acct. ID:			
	Wilmington Fund Account #:				
13 month period from the date of this letter an amount indicated below. All applicable account gated to provide a purchase credit toward fulfill for specific load structure and breakpoints.	Iment of this letter. Prior trade prices will not be	pplicable account balances, equal or exceed the nds (other than money market funds) will be aggreadjusted. Please review individual fund prospectus(es)			
I intend to invest in any one or more of the CI from the date of this letter in the amount of \$_	lass A Shares of Wilmington Funds (other than m	noney market funds) during the 18 month period			
Date	Expected Amount	Source			
of 21.) List all qualifying accounts below. If this	is a new account, please include the application v				
Fund	Account Number	Shareowner Name			
Each purchase of fund shares will be made at p in the Fund's prospectus.	ublic offering price applicable to a single transacti	ion of the dollar amount checked above, as described			
above, I will pay the increased amount of sales	price and LOI, will be held in escrow and redeem	tually made. Please note that a percentage of shares,			

	Signature(s) (Please sign in accordance with account registration)	tion) Date	
	Signature(s) (Please sign in accordance with account registration)		Date
Please Print:	Name(s)	Social Security Number	er(s)
	Name(s)	Social Security Number	er(s)
	Street		
	City	State	Zip Code
	DO NOT WRITE BELOW	THIS LINE	
ccepted by ALPS Fund Se	ervices, Inc., Transfer Agent for theWilmington Funds.		
Authorized Signa	ture		