



## NEW ACCOUNT APPLICATION FOR DDA SWEEP ACCOUNTS

For assistance in completing this application, please contact your Investment Relationship Manager.

Please print all information.							
INVESTOR INFORMATION							
Corporation or other entity	Foundation	Corporate retirement plan	☐ Trust				
NAME OF ENTITY							
TAXPAYER IDENTIFICATION NUMBER		DATE OF TRUST A	GREEMENT (FOR TRUSTS)				
NAME OF AUTHORIZED SIGNER/TRUSTEE		NAME OF CO-SIG	SNER/CO-TRUSTEE				
If entity type is a trust and the grantor or settlor of the trust is different than the trustee, please complete the following:							
GRANTOR NAME							
GRANTOR TAX IDENTIFICATION NUMBER							
GRANTOR DATE OF BIRTH							
SETTLOR NAME							
SETTLOR TAX IDENTIFICATION NUMBER							
SETTLOR DATE OF BIRTH	SETTLOR DATE OF BIRTH						
Is this a publicly traded company?							
If yes, please attach a corporate r	If yes, please attach a corporate resolution or other evidence of authority, dated within six months.						
If no, please attach a corporate resolution or other evidence of authority dated within six months, <b>and</b> one of the following: articles of incorporation or other organizational document, government-issued business license or certificate of good standing.							
If this is a trust, please attach the Title, Trustee and Signature pages.							
Additional documentation is required for legal entities to complete the application process. Please complete and attach a Certification Regarding Beneficial Owners of Legal Entity Customers form. This form can be found at: <a href="https://www.northerntrust.com/nif-forms">https://www.northerntrust.com/nif-forms</a>							
PROVIDE YOUR ADDRESS							
ATTENTION							
STREET ADDRESS							
CITY/STATE/ZIP							
TELEPHONE NUMBER (DAYTIME)		TELEPHONE NUM	BER (EVENING)				
E-MAIL ADDRESS OF PRIMARY CONTACT							

3	INVESTMENT INSTRUCTIONS					
	NORTHERN INSTITUTIONAL PORTFOLIO					
	Money Market Portfolio*					
	U.S. Government Portfolio Shares					
	Treasury Portfolio Premier					
	Please Note: All dividends and capital gains will be distributed in cash.					
4	STATEMENT OPTIONS					
ADDITIONAL STATEMENTS						
	If you would like us to send duplicate statements of your account to someone, please provide the following information:					
	NAME					
	ADDRESS					
	ADDRESS					
	CITY/STATE/ZIP					
5	PROVIDE YOUR BANK ACCOUNT INFORMATION					
	NAME ON BANK ACCOUNT					
	NORTHERN TRUST DDA #/ACCOUNT #					
4	PROTECTING YOUR PRIVACY					

Protecting your privacy is important at Northern Institutional Funds, which is why we wanted you to know:

- · We do not sell non-public personal information about our investors or former investors to any outside company.
- We have policies that limit access to your information to only those people who need it to perform their jobs and provide services to you, and we have physical, electronic and procedural safeguards that comply with federal standards to guard your personal information.
- We collect information about you from applications, forms, conversations and your use of our Web site; third parties with your permission; and your transactions with us, our affiliates and our joint marketing partners.
- We do not disclose the information we collect about our investors or former investors to anyone, except to companies that perform services for us, financial institutions with whom we have joint marketing agreements such as Northern Trust, (1) for our everyday purposes, such as to process transactions, maintain accounts, respond to court orders and legal investigations or report to credit bureaus or (2) as permitted by law.
- The information includes account balances and account history. You may limit our use or sharing of information about you with our affiliates and joint marketing partners for marketing purposes by calling 800-637-1380 weekdays from 7:00 a.m. to 5:00 p.m., Central time, or by writing to us at Northern Institutional Funds, P.O. Box 75986, Chicago IL 60675-5986.

If our information sharing practices change, we will send you a revised notice. You can also visit our Web site, northerntrust.com/institutional, for an online version of our current privacy notice.

## 7 SIGN YOUR NAME

SIGNATURE

OTHER

This application must be signed by a duly authorized officer or other person on behalf of the investor.

- I have received and read the current prospectus for the Portfolios being invested in.
- I understand that shares of Northern Institutional Funds are not insured or guaranteed by the FDIC or any other governmental agency, and are not bank deposits or obligations of or guaranteed by The Northern Trust Company, its parent company or its affiliates and involve investment risk, including loss of principal. Although money market funds seek to preserve the value of your investment, it is possible to lose money by investing in these funds.
- The Northern Trust Company and/or its affiliates provide investment advisory and other services to the Northern Institutional Funds and receive fees for such services.
- Federal law requires Northern Institutional Funds to obtain, verify and record identifying information, which may include the name, residential or business street address, taxpayer identification number or other identifying information, for each investor who opens an account with Northern Institutional Funds. Applications without the required information, or without an indication that a taxpayer identification number has been applied for, may not be accepted. After acceptance, Northern Institutional Funds reserve the right to (1) place limits on transactions in any account until the identity of the investor is verified; or (2) refuse an investment in Northern Institutional Funds; or (3) redeem shares and close an account in the event that an investor's identity is not verified. Northern Institutional Funds and its agents will not be responsible for any loss in an investor's account resulting from the investor's delay in providing all required identifying information or from restricting transactions or closing an account when an investor's identity is not verified.
- 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 Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or 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). (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 IRS does not require your consent to any provision on this application other than the certification required to avoid backup withholding.

PRINTED NAME

DATE

• If the Transfer Agent cannot locate the investor, the investor's account may be deemed legally abandoned and then escheated (transferred) to the appropriate state's unclaimed property administrator in accordance with statutory requirements.

SIGNATURE	PRINTED N	PRINTED NAME		
		<b></b>		
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FOR INTERNAL USE ONLY				
REPRESENTATIVE'S SIGNATURE	PRINTED NAME		DATE	
EMPLOYEE ID	BANK LOCATION	DEPT./DIVISION	PHONE NUMBER	
IDENTIFICATION VERIFICATIO	N			
INVESTOR'S NAME				
DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	DATE OF ISSUANCE	EXPIRATION DATE	
PASSPORT NUMBER	COUNTRY OF ISSUANCE	DATE OF ISSUANCE	EXPIRATION DATE	