



INSTITUTIONAL INVESTOR APPLICATION

For assistance in completing this application, please contact the Northern Institutional Funds Center at **800-637-1380** weekdays from 7:00 a.m. to 5:00 p.m. Central time. Please fax your completed application to **312-557-0411** or email to **Liquidity_Solutions@ntrs.com**.

Wire Instructions (Please include your account number and your account name): The Northern Trust Company
Chicago, IL
ABA: 071000152

1 U.S. INVESTORS AND TAX INFORMATION

Shares of Northern Institutional Funds are offered and intended solely for persons to whom shares of U.S. registered funds may be sold. Shares of Northern Institutional Funds are generally not offered to non-U.S. persons. "U.S. person" means a resident of the United States or a corporation, partnership or other entity organized under United States laws.

☐ Your assets are registered outside the U.S., please attach a W-8BEN, W-8BEN-E or W-8IMY*

**Please attach a valid withholding statement for the entity listed on line 1 of your W-8IMY, along with a W-8 or W-9 for each of the beneficial owners on the withholding statement*

2 ENTITY TYPE

- | | | | |
|------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> C-Corporation | <input type="checkbox"/> S-Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Broker/Dealer | <input type="checkbox"/> Registered Investment Company |
| <input type="checkbox"/> Retirement Plan | <input type="checkbox"/> Non-Profit/Tax Exempt Organization | <input type="checkbox"/> Government Agency | |
| <input type="checkbox"/> Estate | <input type="checkbox"/> Other (Please specify the type of entity) _____ | | |

If you checked Limited Liability Company, please enter the tax classification.
(C = C corporation, S = S corporation, P = Partnership) _____

If you checked Retirement Plan, please indicate if this is a

- ☐ 401(k) Profit Sharing Plan, ☐ Defined Benefit Plan, or
☐ Other (Please specify the type of entity) _____

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

3 INVESTOR INFORMATION

NAME OF ENTITY

TAX IDENTIFICATION NUMBER

DATE OF TRUST AGREEMENT (FOR TRUSTS)

STREET ADDRESS — P.O. BOXES ARE NOT PERMISSIBLE

CITY / STATE / ZIP

TELEPHONE NUMBER

To open a Trust account, please include a copy of the title and signature pages of the Trust Agreement.

Additional documentation is required for legal entities to complete the application process. Please provide a formation document that proves the existence of the entity and complete the Certification Regarding Beneficial Owners of Legal Entity Customers form. This form can be found at <https://ntam.northerntrust.com/united-states/all-investor/account-resources/forms>

If you would like supplemental statements sent to a P.O. Box or "In Care Of" address — please provide it below

NAME

ADDRESS

CITY / STATE / ZIP

If entity is a subsidiary of a parent company, please indicate name and domicile of parent company: _____

Country of incorporation or inception: _____ If U.S., please provide state: _____

Describe primary business activity: _____

Is entity a registered investment company? ☐ Yes ☐ No

Source of Funds for Investment:

☐ Employer/Employee Contributions, ☐ Corporate Assets, ☐ Earned Income, ☐ Other _____

Please list shareholders, partners or beneficiaries who control at least 25% of this entity: ☐ Check here if not applicable

Do you intend to wire money outside of the U.S. to or from this Northern Institutional Funds account? ☐ Yes ☐ No

If utilizing a financial intermediary or liquidity portal, please provide their name, address and Dealer Number.

NAME

DEALER NUMBER

ADDRESS

CITY / STATE / ZIP

4 DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

☐ Reinvest

☐ Pay in cash

5 BANK/WIRING INSTRUCTIONS FOR DISTRIBUTIONS AND REDEMPTIONS

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ABA ROUTING NUMBER OR FEDERAL WIRE NUMBER

6 INVESTMENTS

Fund Name	Ticker	Estimated Amount (Minimum initial subscription is \$5MM)

7 REVIEW YOUR COMMUNICATION OPTIONS

CONSOLIDATED MAILINGS

To reduce the amount of mailings to my address, I consent to a) the delivery of one copy of all materials, including prospectuses, financial reports, proxy statements and information statements to all investors who share the same mailing address and b) the delivery in one envelope of all statements for accounts with the same Social Security number. This consent will become effective when my account is opened and will continue until I revoke it by contacting Northern Funds. If you do not want your mailings consolidated, please check this box: ☐

ADDITIONAL STATEMENTS

If you would like us to send duplicate statements of your account to someone else, please provide the following information:

NAME

ADDRESS

CITY / STATE / ZIP

8 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; from 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, affiliates 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.
- Your 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.

9 SIGN YOUR NAME

All account owners or trustees must sign below. For UGMA/UTMA accounts, the custodian must sign. Please sign exactly as your name appears in Section 1.

- I have received and read the current summary prospectus or prospectus for the Funds being invested in. I agree to be bound by all terms, conditions and account features selected in any and all parts of this application and the applicable Fund prospectus, as amended from time to time.
- An investment in a Fund is not a deposit of a bank and is not insured or guaranteed by the Federal Deposit Insurance Corporation ("FDIC"), any other government agency, or The Northern Trust Company, its affiliates, subsidiaries or any other bank.
- The Northern Trust Company and/or its affiliates provide investment advisory and other services to the Northern Funds and receive fees for such services.
- Federal law requires Northern 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 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 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 Funds; or (3) redeem shares and close an account in the event that an investor's identity is not verified. **Northern 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.**
- For Corporations, Trusts, or Other Entities, Northern Funds may, without inquiry, act only upon the instructions (whether oral, written, or provided by wire, telecommunications, or any other process) of any Persons purporting to be an authorized person as named in the Corporate Resolution, or other acceptable document evidencing authority which was last received by Northern Funds. Northern Funds shall not be liable for any claims, expenses (including legal fees), or losses resulting from Northern Funds having acted upon any instruction reasonably believed genuine.
- 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.
- I affirmatively elect into the cost basis election indicated in Section 3, and not the defaulted cost basis method of the Fund(s).

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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 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. citizen or other U.S. person (as defined in the IRS Form W-9 Instructions); and
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 provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE
OWNER'S SIGNATURE	PRINTED NAME	DATE

MAIL COMPLETED APPLICATION TO:

STANDARD MAIL

Northern Funds
P.O. Box 75986
Chicago, IL 60675-5986

OVERNIGHT DELIVERY

Northern Funds
333 South Wabash Avenue
Dept. W-38
Chicago, IL 60604

☐ Signer/Trustee ☐ Trader ☐ Inquiry only

NAME AND SIGNATURE	COMPANY	PHONE NUMBER	EMAIL ADDRESS
<input type="checkbox"/> Signer/Trustee <input type="checkbox"/> Trader <input type="checkbox"/> Inquiry only			

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NAME AND SIGNATURE	COMPANY	PHONE NUMBER	EMAIL ADDRESS
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FOR INTERNAL USE ONLY

REPRESENTATIVE'S SIGNATURE	PRINTED NAME	DATE
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EMPLOYEE ID	BANK LOCATION	DEPT./DIVISION	PHONE NUMBER
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