

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 mail your application to: Northern Institutional Funds, P.O. Box 75986, Chicago, IL 60675-5986 or fax your application to: **312-557-0411**.

Please print all information.

INVESTOR INFORMAT	ION			
C-Corporation	S-Corporation	Partnership	Limited Liability Company	
🗌 Trust	Financial Institution	n 🗌 Broker/Dealer	Registered Investment Company	
🗌 Retirement Plan	🗌 Non-Profit/Tax Exe	empt Organization	Government Agency	
Estate	Other (Please speced)	ify the type of entity)		
	d Liability Company, plea S = S corporation, P = Pa		ation.	
If you checked Retire	ment Plan, please indicate	e if this is a		
🗌 401(k) Profit Shar	ing Plan, 🛛 Defined Be	enefit Plan, or		
Other (Please spe	cify the type of entity)			
NAME OF ENTITY				
TAX IDENTIFICATION NUMBER		DATE OF TRU	ST AGREEMENT (FOR TRUSTS)	
NAME OF AUTHORIZED SIGNER	/TRUSTEE	NAME OF CO	D-SIGNER/CO-TRUSTEE	
GRANTOR NAME			trustee, please complete the following:	
GRANTOR TAX IDENTIFICATION	NUMBER			
GRANTOR DATE OF BIRTH				
SETTLOR NAME				
SETTLOR TAX IDENTIFICATION N				
SETTLOR TAX IDENTIFICATION IN	UMDER			
SETTLOR DATE OF BIRTH				
Is this a publicly traded o	company? 🗌 Yes 🗌 No	If yes, please provide Tid	cker symbol	
If yes, please attach an c	acceptable evidence of authori	ity dated within six months.		
	-	-	nd one of the following: articles of incorporation or other or certificate of good standing.	
If this is a trust, please at	tach the Title, Trustee and Sigr	nature pages.		
Is this a Registered Invest	rment Company? 🗌 Yes	□ No		
Additional documentation	on is required for legal entiti	es to complete the applicat	ion process. Please provide a formation document tha	+

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

2 PROVIDE YOUR ADDRESS

ATTENTION		
STREET ADDRESS		
CITY / STATE / ZIP		
	TELEPHONE NUMBER (EVENING)	
TELEPHONE NUMBER (DAYTIME)	TELEFHONE NUMBER (EVENING)	
E-MAIL ADDRESS OF PRIMARY CONTACT		

3 ELECT YOUR COST BASIS METHOD FOR YOUR ACCOUNT

The default cost basis method is Average Cost. If you do not specify a cost basis reporting method, the fund will apply its default cost basis method to your account.

FOR MY ACCOUNT, I WOULD LIKE:

Average Cost (AVCS)	🗌 First In, First Out (FIFO)	□ Specific ID (SPID)
Last In, First Out (LIFO)	Low Cost	🗌 High Cost

Average Cost (AVCS) — Uses the FIFO method for selecting the order of individual lots to sell and for calculating the holding period of lots sold, but determines the gain or loss using average cost.

First In, First Out (FIFO) — Shares sold or transferred are depleted from the earliest lots until the order is fulfilled.

Specific ID (SPID) — Any lot to be sold can be selected prior to the settlement of the trade.

Last In, First Out (LIFO) - Shares sold or transferred are depleted from the most recent purchased lots until the order is fulfilled.

SPECIFIC ID SECONDARY METHOD

If you selected Specific ID (SPID) above and do not provide a lot election at the time of sale, we will sell shares using the First In, First Out (FIFO) method.

CORPORATIONS, TRUSTS, ESTATES, OR OTHER ENTITIES

Entity Registration*:
(EX. CORPORATION, TRUST, PARTNERSHIP, ETC.)
Entity Type — Check any that apply to this entity (at least one must be selected):
□ Money Service Business — Any institution, other than banks, that offer financial services such as check cashing, currency exchange, sale of money order/travelers checks/stored value and money transmitters, including the U.S. Postal Service.
□ Nongovernmental Organization — Private, nonprofit organizations (e.g. Charities, Foundations, Endowments, Professional Associations, Societies/Clubs and Lobbying Groups).
Unregulated Financial Company — Any institution that provides financial services and is not regulated by a State or Federal regulator (e.g. hedge funds, private equity firms).
□ None of the above/Not Applicable
If entity is a subsidiary of a parent company, please indicate domicile of parent company:
Country of incorporation or inception: If U.S., please provide state:
Describe primary business activity:
Source of Funds for Investment:
□ Transfer from, □ Personal savings, □ Sale of, □ Gift, □ Other (please describe)
Please list shareholders, partners or beneficiaries who control at least 20% of this entity: Check here if not applicable
Do you intend to wire money within the U.S. to or from this Northern Funds account? 🗌 Yes 🗌 No
Do you intend to wire money outside of the U.S. to or from this Northern Funds account? 🗌 Yes 🗌 No

The minimum investment is \$5 million in one or more Portfolios, and \$2,500 in one or more Funds. For Portfolios, please indicate the share class.

NORTHERN INSTITUTIONAL PORTFOLIOS AND NORTHERN FUNDS*	INVESTMENT AMOUNT	
Equity Funds		
Active M Emerging Markets Equity Fund		-
Active M International Equity Fund		-
Emerging Markets Equity Index Fund		-
Global Real Estate Index Fund		-
Global Sustainability Index Fund		-
Global Tactical Asset Allocation Fund		-
Income Equity Fund		-
International Equity Index Fund		-
International Equity Fund		-
Large Cap Core Fund		-
Large Cap Value Fund		-
Mid Cap Index Fund		-
Multi-Manager Global Listed Infrastructure Fund		-
Multi-Manager Global Real Estate Fund		-
Small Cap Core Fund		-
Small Cap Value Fund		-
Small Cap Index Fund		_
Stock Index Fund		-
U.S. Quality ESG Fund		_

Fixed Income Funds

Bond Index Fund	
Core Bond Fund	
Fixed Income Fund	
High Yield Fixed Income Fund	
Intermediate Tax-Exempt Fund	
Multi-Manager High Yield Opportunity Fund	
Short Bond Fund	
Limited Term U.S. Government Fund	
Tax-Advantaged Ultra-Short Fixed Income Fund	
Tax-Exempt Fund	
Ultra-Short Fixed Income Fund - Shares	
U.S. Government Fund	
U.S. Treasury Index Fund	

INVESTMENT IN	121KUCHONS	commuea						
NORTHERN INS		ORTFOLIOS	INVES	TMENT AMOUNT				
Money Mark	et Portfolios				S	ihares	Service	Prem
U.S. Governme	nt Portfolio							
U.S. Governme	nt Select Portfoli	0						
Treasury Portfol	0							
Treasury Instrum	ents Portfolio							
Check here if	nvestor is an en	nployee of Nor	rthern Trust or its o	ffiliates. Employee ID				
*Northern Ins	titutional Funds	and Northern	Funds are separat	ely registered investme	ent companies.			
PAYMENT FOR		CHASE:						
🗌 By Wire (Call	800-637-1380	for instructions	.) 🗌 By Check	made payable to Nor	hern Institutional	Funds. 🗌 O	ther	
STATEMENT OP	tions							
STATEMENT OP								
ADDITIONAL S	TATEMENTS	cate statements	s of your account t	o someone, please pr	ovide the followi	ng information:		
ADDITIONAL S	TATEMENTS	cate statements	s of your account t	o someone, please pr	ovide the followi	ng information:		
ADDITIONAL S	TATEMENTS	cate statements	s of your account t	o someone, please pr	ovide the followin	ng information:		
ADDITIONAL S	TATEMENTS	cate statements	s of your account t	o someone, please pr	ovide the followi	ng information:		
ADDITIONAL S If you would like NAME ADDRESS	TATEMENTS	cate statements	s of your account t	o someone, please pr	ovide the followi	ng information:		
ADDITIONAL S If you would like NAME ADDRESS CITY / STATE / ZIP	TATEMENTS us to send duplid			o someone, please pr	ovide the followi	ng information:		
ADDITIONAL S If you would like NAME ADDRESS CITY / STATE / ZIP	TATEMENTS us to send duplid	N DISTRIBUT	IONS					with this
ADDITIONAL S If you would like NAME ADDRESS CITY / STATE / ZIP DIVIDEND AND Your distributions	TATEMENTS us to send duplid CAPITAL GAI will be automati	N DISTRIBUT	IONS d if no box is chec	o someone, please pr ked. The options you account, address or p	choose will apply	r to all accounts	s established v	
ADDITIONAL S If you would like NAME ADDRESS CITY / STATE / ZIP DIVIDEND AND Your distributions application. If you	TATEMENTS us to send duplid CAPITAL GAI will be automati	N DISTRIBUT	IONS d if no box is chec	ked. The options you	choose will apply	r to all accounts	s established v	e distribu
ADDITIONAL S If you would like NAME ADDRESS CITY / STATE / ZIP DIVIDEND AND Your distributions	TATEMENTS us to send duplid CAPITAL GAI will be automati i'd like to have y	N DISTRIBUT cally reinvester your distributio Short-term	IONS d if no box is chec ns sent to another Long-term	ked. The options you	choose will apply ayee, please indi	r to all accounts icate below wh Short-term	e established v ere to send th Long-term	e distribu
ADDITIONAL S If you would like NAME ADDRESS CITY / STATE / ZIP DIVIDEND AND Your distributions application. If you	TATEMENTS us to send duplid CAPITAL GAI will be automati i'd like to have y Dividends	N DISTRIBUT cally reinvester your distributio Short-term Capital Gains	IONS d if no box is chec ns sent to another Long-term	ked. The options you account, address or p	choose will apply ayee, please indi	r to all accounts icate below wh Short-term	e established v ere to send th Long-term	e distribu
ADDITIONAL S If you would like NAME ADDRESS CITY / STATE / ZIP DIVIDEND AND Your distributions application. If you REINVEST:	TATEMENTS us to send duplid CAPITAL GAI will be automati of like to have y Dividends	N DISTRIBUT cally reinvester your distributio Short-term Capital Gains	IONS d if no box is chec ns sent to another Long-term	ked. The options you account, address or p	choose will apply ayee, please indi	r to all accounts icate below wh Short-term	e established v ere to send th Long-term	e distribu

REGISTRATION

 \Box Name/address on account by check

□ A bank account by electronic transfer (Please complete Section 10.)

 $\hfill\square$ A different name and/or address by check

NAME

STREET, APT./UNIT

CITY / STATE / ZIP

8 SELECT YOUR EXCHANGE AND REDEMPTION PRIVILEGES

These privileges will automatically be established on your accounts unless you indicate otherwise below.

EXCHANGES

Allows exchanges between identically registered accounts of the same share class in the Northern Institutional Funds family by phone. A \$1,000 minimum applies to new accounts opened by exchange and to exchanges between existing accounts.

□ I **do not** want the exchange privileges listed above.

REDEMPTIONS

Allows redemptions by phone. The redemption can be mailed to the address on the account or wired to a pre-authorized bank. When redeeming by wire, there will be a \$10,000 minimum. If you'd like to establish this privilege, please provide the bank information in Section 10.

□ I **do not** want the redemption privileges listed above.

9 PROVIDE YOUR BANK INFORMATION

Only complete this section if you have asked to have distributions or redemptions sent to a bank or financial institution. **Please attach a preprinted**, **voided check**.

NAME ON BANK ACCOUNT				
BANK NAME			BANK ADDRESS	
ACCOUNT NUMBER			ROUTING NUMBER	
Checking Account	Savings Account	☐ Wire	Electronic Fund Transfer	

10 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, 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.
- 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.

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 summary prospectus or prospectus for the Portfolios 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 Portfolio prospectus, as amended from time to time.
- I understand that I can lose money by investing in the Portfolios. Although each of the Treasury Portfolio, Treasury Instruments Portfolio, U.S. Government Portfolio and U.S. Government Select Portfolio seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so.
- I understand that an investment in a Portfolio is not a deposit of any bank and is not insured or guaranteed by the Federal Deposit Insurance Corporation, any other governmental agency, or The Northern Trust Company, its affiliates, subsidiaries or any other bank. The Portfolios' sponsor has no legal obligation to provide financial support to the Portfolios, and you should not expect that the sponsor will provide financial support to the Portfolios at any time.
- 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.
- For Corporations, Trusts, or Other Entities, Northern Institutional 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 Institutional Funds. Northern Institutional Funds shall not be liable for any claims, expenses (including legal fees), or losses resulting from Northern Institutional 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.

EMPLOYEE ID	BANK LOCATION	DEPT./DIVISION	PHONE NUME	BER
REPRESENTATIVE'S SIGNATURE	PRINTED NAME		DATE	
FOR INTERNAL USE ONLY				
©2024 Northern Institutional Funds	Northern Funds Distribut	ors, LLC, not affiliated with Northern Trust		NIF APL DIR 11/24
OWNER'S SIGNATURE	PRINTED NAM	E	DATE	
SIGNATURE	PRINTED NAM	E	DATE	
SIGNATURE	PRINTED NAM	E	DATE	