



TRADING AUTHORIZATION

For assistance in completing this form, please contact the Northern Funds Center at **800-595-9111** weekdays from 7:00 a.m. to 5:00 p.m. Central time. Please mail this form to: Northern Funds, P.O. Box 75986, Chicago, IL 60675-5986 or fax your form to: **312-557-0411**.

Please print all information.

1 PROVIDE YOUR INVESTOR INFORMATION

| | | |
|--------------------------------|----------------------------|-----------|
| OWNER'S FIRST NAME | MIDDLE INITIAL | LAST NAME |
| OWNER'S SOCIAL SECURITY NUMBER | | |
| JOINT OWNER'S FIRST NAME | MIDDLE INITIAL | LAST NAME |
| ADDRESS | | |
| CITY/STATE/ZIP | | |
| TELEPHONE NUMBER (DAYTIME) | TELEPHONE NUMBER (EVENING) | |
| E-MAIL ADDRESS | | |

2 APPOINT AUTHORIZED TRADER

I authorize _____ as my Agent and Attorney in Fact to purchase, redeem or exchange shares of Northern Funds in accordance with the Northern Funds prospectus. I agree to indemnify and hold Northern Funds harmless from, and to pay Northern Funds promptly on demand, any and all losses or debit balances due.

| | | |
|-----------------------------|--------------|------|
| AUTHORIZED TRADER SIGNATURE | PRINTED NAME | DATE |
|-----------------------------|--------------|------|

This Trading Authorization applies to the following Northern Funds accounts:

| | |
|-----------|----------------|
| FUND NAME | ACCOUNT NUMBER |
| FUND NAME | ACCOUNT NUMBER |
| FUND NAME | ACCOUNT NUMBER |

3 CHOOSE LEVEL OF TRADING AUTHORIZATION GRANTED

I GRANT: *(choose one)*

FULL TRADING

I authorize Northern Funds to follow the instructions of the Agent in every aspect concerning my Northern Funds account, and make deliveries of securities and payment of money to the Agent or as the Agent may order and direct. The Agent is authorized to act on my behalf in the same manner and effect as I might or could do.

LIMITED TRADING AUTHORIZATION

In all purchases, sales or exchanges, I authorize Northern Funds to follow the instructions of the Agent in every aspect concerning my Northern Funds account. The Agent is authorized to act in my behalf in the same manner and effect as I might or could do with respect to such purchases, sales or exchanges; as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or exchanges.

4 SIGN YOUR NAME

I ratify and confirm any and all transactions with Northern Funds made by the Agent for my account.

This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which Northern Funds may have under any other agreement or agreements between myself and Northern Funds.

This authorization and indemnity is also a continuing one and shall remain in effect until revoked by me with a written notice to: Northern Funds Center, P.O. Box 75986, Chicago, IL 60675-5986. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall inure to the benefit of your present firm and of any successor firm or firms irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever, and of the assigns of your present firm or any successor firm.

| | | |
|--------------------|-----------------------|---------------|
| _____ SIGNATURE | _____ PRINTED NAME | _____ DATE |
| _____ SIGNATURE | _____ PRINTED NAME | _____ DATE |

5 MEDALLION SIGNATURE GUARANTEE (required)

You can obtain a Medallion signature guarantee from a commercial bank or trust company, a member firm of a national stock exchange, or from an eligible guarantor institution as defined by the Securities and Exchange Commission.

MEDALLION SIGNATURE GUARANTEE IS REQUIRED IF:

- Payment is equal to or greater than \$100,000
- Electronic payment is to a bank account not on file
- The payment recipient is someone other than the account owner
- Payment is being sent to an address that is different from the address of record
- Funds are being transferred to another Northern Funds account that is not registered to the account owner

SIGNATURE GUARANTEED BY:

AFFIX SIGNATURE GUARANTEED STAMP

NAME OF BANK OR FIRM

SIGNATURE OF OFFICER AND TITLE