



TRUSTED CONTACT PERSON FORM

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

Use this form to add, update, or remove a trusted contact person to your mutual fund account(s).

A trusted contact person is an individual (age 18 or older) whom we may contact to disclose information about your account(s) to address possible financial exploitation, confirm specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, holder of or power of attorney; or as otherwise permitted by FINRA Rule 2165 (Financial exploitation or Specified Adults).

Your trusted contact person will not be able to view your or transact on your account(s) unless that person is otherwise authorized. Only you as the account holder may add, update, or remove a trusted contact person.

Please print all information.

1 ACCOUNT OWNER INFORMATION

Enter your account information

OWNER'S FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
OWNER'S FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER

2 ACCOUNT INFORMATION

Enter the accounts(s) for which we should add the trusted contact person specified in Section 3.

FUND NAME/NUMBER	ACCOUNT NUMBER	FUND NAME/NUMBER	ACCOUNT NUMBER
FUND NAME/NUMBER	ACCOUNT NUMBER	FUND NAME/NUMBER	ACCOUNT NUMBER

3 TRUSTED CONTACT PERSON INFORMATION

Enter the information for one trusted contact person. The individual you name must be over age 18 and will replace any trusted contact person previously on file.

To remove all trusted contact persons on file check here ☐

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH
MAILING ADDRESS		CITY/STATE/ZIP	
PHONE NUMBER	EMAIL ADDRESS	RELATIONSHIP TO ACCOUNT OWNER(S)	

4 TRUSTED CONTACT PERSON INFORMATION

By completing this form I/we authorize the changes above and further provide authorization to disclose information with the trusted contact person on file to address possible financial exploitation, confirm specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, holder of or power of attorney; or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults). I/we understand that contacting the trusted contact on file is discretionary.

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