



AUTOMATIC INVESTMENT PLAN

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

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 CHOOSE YOUR AUTOMATIC INVESTMENT PLAN

Indicate if you are adding, changing or removing automatic investment plans:

- These are new automatic investment plans.
- These automatic investment plans replace current plans, which should be removed from my accounts.
- These automatic investment plans are in addition to my current plans, which should remain on my accounts.

Please choose your automatic investment plan:

BANK DIRECT DEPOSIT

After the fund minimum of \$250 has been met, you can invest as little as \$50 each month from your bank account into your Northern Funds account. If you are establishing a new account, please complete a New Account Application. Automatic investment plans can be established for multiple Northern Funds accounts as well as from multiple bank accounts.

A. Please provide the following information to establish your first automatic investment plan.

ACCOUNT NUMBER

AMOUNT

FREQUENCY

(Indicate Monthly, Quarterly, Semiannually or Annually)

START DATE

(mm/dd/yyyy)

(Please choose a start date no later than the 29th; if no date is selected, the 1st will be used.)

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

Please provide your bank information. **Make sure you attach a pre-printed voided check or deposit slip.**

| | |
|----------------------|----------------|
| NAME ON BANK ACCOUNT | |
| BANK NAME | BANK ADDRESS |
| ACCOUNT NUMBER | ROUTING NUMBER |

2 CHOOSE YOUR AUTOMATIC INVESTMENT PLAN *continued*

B. Please provide the following information to establish your second automatic investment plan (optional).

ACCOUNT NUMBER

AMOUNT

FREQUENCY

(Indicate Monthly, Quarterly, Semiannually or Annually)

START DATE

(mm/dd/yyyy)
(Please choose a start date no later than the 29th; if no date is selected, the 1st will be used.)

Please provide your bank information. **Make sure you attach a pre-printed voided check or deposit slip.**

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

SYSTEMATIC EXCHANGE

You can automatically exchange dividends, capital gains or a specific dollar amount from one Northern Fund to another. Both the account you are exchanging from as well as the account you are exchanging to must be identically registered. If you are exchanging to a new account, a fund minimum of \$250 must be met first. Contact the Northern Funds Center for more information on establishing a new account.

From:

To:

ACCOUNT NUMBER

ACCOUNT NUMBER

Dividends and capital gains will be exchanged on the payable date. For a specific dollar amount, you can choose the frequency and date of the exchange, as well as the month/year you would like it to begin. If the date falls on a weekend or holiday, the exchange will be made the next business day. If a specific dollar amount is being exchanged, shares will be redeemed at the current net asset value to meet that amount.

Exchange:

- All dividends
- All capital gains
- Specific amount as indicated below

ACCOUNT NUMBER

FREQUENCY

(Indicate Monthly, Quarterly, Semiannually or Annually)

START DATE

(mm/dd/yyyy)
(Please choose a start date no later than the 29th; if no date is selected, the 1st will be used.)

PAYROLL OR GOVERNMENT DIRECT DEPOSIT

Call the Northern Funds Center at **800-595-9111** for additional information on direct depositing a payroll or government check, including Social Security checks.

3 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 on your account.

- I have read and understand the conditions of the Automatic Investment Plan.
- If an automatic investment from a bank or financial institution cannot be made due to insufficient funds or stop payment, a \$20 fee will be assessed.
- I authorize my financial institution to honor all debit entries via the ACH Network initiated through Northern Trust Bank on behalf of Northern Funds.
- I understand it may take up to 15 business days to establish these privileges, and up to five business days to end them.

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE