



ROTH IRA APPLICATION

For assistance in completing this application, 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 application to: **312-557-0411**.

Please print all information.

1 PROVIDE YOUR INVESTOR INFORMATION

FIRST NAME		MIDDLE INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		DATE OF BIRTH	MOTHER'S MAIDEN NAME**
RESIDENTIAL/STREET ADDRESS*			
CITY/STATE/ZIP			
TELEPHONE NUMBER (DAYTIME)	TELEPHONE NUMBER (EVENING)		TAX RESIDENCY
E-MAIL ADDRESS**			<input type="checkbox"/> U.S. CITIZEN RESIDENT <input type="checkbox"/> RESIDENT ALIEN
<input type="checkbox"/> Check here if business address <input type="checkbox"/> Check here if address of family member			

ACCOUNT MAILING ADDRESS *(if different from Residential/Street Address)*

ADDRESS

ADDRESS

CITY/STATE/ZIP

*The U.S.A. Patriot Act requires that all investors provide a street address for our records. If this information is not provided, there may be a delay in establishing the account.
**Required to establish online privileges in Step 7.

2 NORTHERN TRUST RELATIONSHIP STATUS *(Required)*

- Are you a U.S. Citizen? Yes No
 - If Resident Alien, please provide country of citizenship: _____
- Occupation: _____

Source of Funds for Investment:

- Transfer from _____, Personal savings, Sale of _____, Gift,
- Other (please describe) _____

Source of Wealth:

- Employment Compensation, Family Wealth, Sale of Business, Inheritance, Insurance Proceeds,
- Other (please describe) _____
- 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
 - If yes, estimated number of wire transactions per month: _____
 - Estimated dollar amount of wire transactions: _____

3 DESIGNATE YOUR BENEFICIARY

Upon my death, the beneficiary of my IRA shall be:

PRIMARY BENEFICIARY

NAME _____

RELATIONSHIP _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

TELEPHONE NUMBER (DAYTIME) _____

TELEPHONE NUMBER (EVENING) _____

CONTINGENT BENEFICIARY *(if Primary Beneficiary is not living at my death)*

NAME _____

RELATIONSHIP _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

TELEPHONE NUMBER (DAYTIME) _____

TELEPHONE NUMBER (EVENING) _____

If additional beneficiaries are desired, please attach a separate sheet listing names, relationships and birthdates.

4 CHOOSE YOUR IRA TYPE

- Roth IRA contribution for tax year _____
- Conversion from a Traditional IRA (attach the Traditional IRA Rollover/Transfer Form if converting from another financial institution)
- Transfer directly from another Roth IRA custodian. Roth IRA original establishment date _____. (attach Roth IRA Rollover/Transfer Form)
- Rollover from a previous IRA custodian in which you took receipt of the assets
- Beneficiary transfer of ownership (Provide decedent's name _____)
- Transfer from Minor Roth Account (Provide existing account number _____)

5 SELECT YOUR NORTHERN FUNDS

The minimum investment for a new Roth IRA account is \$500, or \$250 if you are establishing an Automatic Investment Plan (see Step 6). Make your check payable to Northern Funds. Please note that money orders, traveler's checks and third-party checks are not accepted.

FIXED INCOME FUNDS	FUND NUMBER	AMOUNT
Ultra-Short Fixed Income Siebert Williams Shank Shares	667	_____

Check here if investor is an employee of Northern Trust or its affiliates. Employee ID _____

CHOOSE YOUR INVESTMENT METHOD

Investment will be made by:

- Check made payable to Northern Funds
- Wire (call 800-595-9111 for instructions)
- Transfer from existing Northern Funds account number _____*

*This may be a taxable event. If transferring to new account owners, please attach instructions signed by all owners on the existing account, with signatures Medallion guaranteed.

6 ESTABLISH AUTOMATIC INVESTMENT PLANS (Optional)

DIRECT DEPOSIT INTO YOUR NORTHERN FUNDS ACCOUNT (Please provide your bank information in Step 8.)

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

FUND NAME	AMOUNT	FREQUENCY	START DATE
		Select One: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	(Please choose a start date no later than the 28th; if no date is selected, the 1st will be used.)
_____	_____	_____	_____
_____	_____	_____	_____

Automatic investment plans can be established for multiple Northern Funds accounts as well as from multiple bank accounts. To establish additional automatic investment plans, please see the Automatic Investment Plan form available on northerntrust.com/funds.

7 SELECT YOUR EXCHANGE PRIVILEGES

With these privileges, you can exchange between identically registered accounts in the Northern Funds family. A \$500 minimum applies to new accounts opened by exchange, and a \$1,000 minimum applies to exchanges between existing accounts.

TELEPHONE PRIVILEGES

Allows you to make exchanges by telephone. These privileges will automatically be established on your accounts unless you indicate otherwise below:

I do not want the Telephone Exchange Privileges.

ONLINE PRIVILEGES

Allows you to make exchanges online through Private Passport at northernfunds.com. Private Passport, which is Northern Trust's secure online Web site, provides 24-hour access to your accounts.

To establish Online Privileges, you must provide your mother's maiden name and your e-mail address in Step 1 and select Telephone Privileges above.

8 PROVIDE YOUR BANK INFORMATION

Only complete this section if you have asked to have investments made from a bank or financial institution (Step 6). **A preprinted, voided check is required.**

NAME ON BANK ACCOUNT _____

BANK NAME _____ BANK ADDRESS _____

ACCOUNT NUMBER _____ ROUTING NUMBER _____

Checking Account Savings Account

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

PROTECTING YOUR PRIVACY

Protecting your privacy is important at Northern 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 website; 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 **800-595-9111** weekdays from 7:00 a.m. to 5:00 p.m., Central time, or by writing to us at Northern 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 website, northerntrust.com/funds, for an online version of our current privacy notice.

10 SIGN YOUR NAME

All account owners or trustees must sign below. Please sign exactly as your name appears in Step 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.**
- I adopt the Northern Funds IRA, appointing The Northern Trust Company to act as Custodian, and to perform administrative services. I have received and read and understand the IRA Custodial Agreement and Disclosure Statement. I understand that the Custodian may charge fees to which reference is made in the Disclosure Statement and they may be separately billed or collected by redeeming sufficient shares from each portfolio account balance. I will supply the IRS with information as to any taxable year required, unless filed by the Custodian.
- 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.

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.

I have read, and I accept and incorporate the Custodial Agreement herein, by reference. I appoint The Northern Trust Company, or its successors, as Custodian of the accounts. I may revoke this IRA at any time.

SIGNATURE OF DEPOSITOR 	PRINTED NAME Kimberly O'Connor	DATE
THE NORTHERN TRUST COMPANY AUTHORIZED SIGNATURE	PRINTED NAME	

Appointment of Custodian Accepted: THE NORTHERN TRUST COMPANY

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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PLEASE ATTACH AN INVESTOR PROFILE.

FAX FOLLOW-UP