



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.

EQUITY FUNDS			FIXED INCOME FUNDS		
	FUND NUMBER	AMOUNT		FUND NUMBER	AMOUNT
Active M Emerging Markets Equity	647	_____	Bond Index	641	_____
Active M International Equity	637	_____	Core Bond	657	_____
Emerging Markets Equity Index	636	_____	Fixed Income	605	_____
Global Real Estate Index	640	_____	High Yield Fixed Income	627	_____
World Selection Index	665	_____	Multi-Manager High Yield Opportunity	650	_____
Global Tactical Asset Allocation	654	_____	Short Bond	658	_____
Income Equity	602	_____	Limited Term U.S. Government	620	_____
International Equity	609	_____	Tax-Advantaged Ultra-Short Fixed Income	649	_____
International Equity Index	630	_____	Ultra-Short Fixed Income - Shares	648	_____
Large Cap Core	635	_____	U.S. Government	606	_____
Large Cap Value	632	_____			_____
Mid Cap Index	629	_____			_____
Multi-Manager Global Listed Infrastructure	655	_____			_____
Multi-Manager Global Real Estate	646	_____			_____
Small Cap Core	663	_____			_____
Small Cap Index	624	_____			_____
Small Cap Value	603	_____			_____
Stock Index	618	_____			_____
U.S. Quality ESG	661	_____			_____

MONEY MARKET FUNDS		
	FUND NUMBER	AMOUNT
U.S. Government Money Market	613	_____
U.S. Government Select Money Market	615	_____

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

5 SELECT YOUR NORTHERN FUNDS *continued*

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

JOHN DOE
123 MAPLE STREET
ANYWHERE , USA 12345

VOID

\$

PLEASE TAPE A PRE-PRINTED VOIDED CHECK OR DEPOSIT SLIP HERE.

STARTER CHECKS AND COUNTER CHECKS WILL BE REJECTED

Important: For checking accounts, a voided check is required, preprinted with bank account registration/owner names. For savings accounts a deposit slip with information necessary to complete electronic funds transfer including routing number, account number and bank account registration/owner name is required. An official bank letter from your financial institution may be accepted in lieu of a voided check/deposit slip, provided that it is on a bank letter head with: the routing number, account number and bank account registration/owner name(s) appear on the document that is signed by a bank official, providing their name & title. You must be an owner of the bank account in order for the bank account to be added.

If the owner of the bank account listed above is not an owner of the fund account in section 1, a signature is required to authorize the use of the requested bank instructions.

Bank Account Owner

SIGNATURE

PRINTED NAME

DATE (MM/DD/YYYY)

SIGNATURE

PRINTED NAME

DATE (MM/DD/YYYY)

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.
- I understand that I can lose money by investing in the Money Market Funds. Although each of the Money Market Funds seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. The Funds' sponsor has no legal obligation to provide financial support to the Funds, and you should not expect that the sponsor will provide financial support in the Funds at any 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.
- By providing bank information, I authorize the Fund and its agents to credit and/or debit my account at the financial institution designated through the Automated Clearing House (ACH) transfer network, subject to the rules of the financial institution, ACH, and the Fund. I agree the Fund or its agents will not be responsible for banking system delays beyond their control or liable for acting on instructions believed genuine and acted upon in accordance with the Fund's current prospectus or rules of ACH. I understand that that this authorization will remain in effect until I revoke it in writing and the Fund or its agents have reasonable time to act upon such termination notice.
- 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

DATE

CUSTODIAN'S ACCEPTANCE: Please be advised that The Northern Trust Company has been appointed to serve as custodian of this IRA.

FOR INTERNAL USE ONLY

REPRESENTATIVE'S SIGNATURE

PRINTED NAME

DATE

EMPLOYEE ID

BANK LOCATION

DEPT./DIVISION

PHONE NUMBER

PLEASE ATTACH AN INVESTOR PROFILE.

☐ **FAX FOLLOW-UP**