



# ACCOUNT MAINTENANCE REQUEST

For assistance in completing this request, 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 request to: Northern Funds, P.O. Box 75986, Chicago, IL 60675-5986 or fax your request to: **312-557-0411**.

Please print all information.

## 1 CURRENT ACCOUNT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
<hr/>		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
<hr/>		
RESIDENTIAL/STREET ADDRESS		
<hr/>		
CITY	STATE	ZIP
<hr/>		
ACCOUNT NUMBER	PHONE NUMBER	
<hr/>		

INVESTOR SERVICES: **800-595-9111** WEBSITE: **[northerntrust.com/funds](http://northerntrust.com/funds)**

Please check the appropriate box below and complete the corresponding section. Note that sections designated with an asterisk (\*) require a Medallion Signature Guarantee (Section 12).

- |   |  |
|---|--|
| <input type="checkbox"/> Change of name, address or telephone number* (Section 2)         | <input type="checkbox"/> Dividend election (*non-IRA account only) (Section 3) |
| <input type="checkbox"/> Telephone privileges (Section 4)                                 | <input type="checkbox"/> Online Privileges (section 4)                         |
| <input type="checkbox"/> Systematic withdrawal plan* (*non-IRA account only) (Section 5)  | <input type="checkbox"/> Add Automatic Investment Plan* (Section 6)            |
| <input type="checkbox"/> Change current Systematic Investment Plan (Section 6)            | <input type="checkbox"/> Systematic exchange (Section 7)                       |
| <input type="checkbox"/> Banking and Wire instructions* (Section 8)                       | <input type="checkbox"/> Special payee* (Section 9)                            |
| <input type="checkbox"/> Update Cost Basis Election* (*non-IRA account only) (Section 10) |  |

## 2 CHANGE OF NAME, ADDRESS OR TELEPHONE NUMBER

Please check all that apply: ☐ New address ☐ New last name\* ☐ New telephone number

OWNER, CUSTODIAN, ACCOUNT, OR TRUSTEE NAME		
<hr/>		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
<hr/>		
MAILING ADDRESS		
<hr/>		
CITY	STATE	ZIP
<hr/>		
RESIDENTIAL/LEGAL ADDRESS (REQUIRED IF DIFFERENT FROM ABOVE OR P.O. BOX)		
<hr/>		
CITY	STATE	ZIP
<hr/>		
DAYTIME PHONE NUMBER		
<hr/>		

## 2 CHANGE OF NAME, ADDRESS OR TELEPHONE NUMBER *continued*

\*Please note: If you are changing your name, a Medallion Signature Guarantee is required (Section 12).

### 1.

PRINT FORMER NAME

PRINT NEW NAME

FORMER NAME SIGNATURE

NEW NAME SIGNATURE

### 2.

PRINT FORMER NAME

PRINT NEW NAME

FORMER NAME SIGNATURE

NEW NAME SIGNATURE

## 3 DIVIDEND AND CAPITAL GAIN INSTRUCTIONS

All **dividends** will be reinvested into additional shares unless otherwise indicated:

☐ Pay all dividends in cash ☐ Reinvest all dividends

All **Capital Gains** will be reinvested into additional shares unless otherwise indicated:

☐ Pay all Capital Gains in cash ☐ Reinvest all Capital Gains

I request the cash distribution selected above to be:

☐ Sent to the address of record listed in the registration (Section 1). **OR** ☐ Sent to the special payee (Section(s) 8 or 9).

## 4 COMMUNICATION PRIVILEGES

I (we) authorize and direct Northern Funds and the transfer agent to accept and act upon instructions received by telephone/online from me (us) for exchange and/or redemption involving this account. Telephone redemption/online privileges are not available on IRA accounts. If banking information not currently on file, Section 8 must be completed.

☐ I would like telephone redemption privileges/purchase. ☐ I would like online privileges.  
☐ I do not want telephone redemption privileges/purchase. ☐ I do not want online privileges.

## 5 SYSTEMATIC WITHDRAWAL PLAN\*

(Non-IRA account only. To set up Systematic Withdrawals within an IRA, please fill out the IRA Distribution Request Form.)

Medallion Signature Guarantee may be required (see Section 12). Withdrawals processed on the 15th business day of the month.

Please withdraw the following from my Northern Funds account based on:

### A. FREQUENCY

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Start Date \_\_\_\_\_ (If no date is selected, will begin 30 days after receipt of form.)

### B. AMOUNT

☐ Fixed dollar amount \$ \_\_\_\_\_  
☐ Percentage of current account balance \_\_\_\_\_ % (10% free out. % can not be annually)

### C. I REQUEST THE CASH DISTRIBUTION SELECTED ABOVE TO BE

☐ Sent to the address of record listed in the registration (Section 1). **OR**  
☐ Sent to the special payee (Sections (8) or 9). **OR**  
☐ Sent to bank instructions (Section 8)

## 6 AUTOMATIC INVESTMENT PLAN

I (we) authorize the Northern Funds custodian to debit my (our) bank account for systematic investment into one or more of my fund accounts listed below.

A Medallion Signature Guarantee is required (see Section 12).

**Note:** If you do not select a day, we will automatically process your investment on the 15th day of the month. If the day of the month you select falls on a weekend or holiday, your investment will be made on the next business day.

☐ Add ☐ Change existing ☐ Delete

Fund number \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day(s) of month \_\_\_\_\_

Fund number \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day(s) of month \_\_\_\_\_

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

☐ Checking Account

☐ Savings Account

BANK NAME

ABA ROUTING NUMBER

BANK ACCOUNT NUMBER

NAME OF BANK ACCOUNT HOLDER

## 7 SYSTEMATIC EXCHANGE

☐ Add ☐ Change existing ☐ Delete

Each month, we will systematically exchange the specified amount from one fund to another based upon your instructions.

From Fund \_\_\_\_\_ To Fund \_\_\_\_\_

Amount \$ \_\_\_\_\_ Start date \_\_\_\_\_

This plan involves continuous investment, regardless of share-price levels, and does not assure a profit or protect against a loss in down markets. (Consider your ability to maintain this plan during such times.)

## 8 BANKING AND WIRE INSTRUCTIONS\*

A Medallion Signature Guarantee is required (see Section 12).

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.

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 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)

## 9 SPECIAL PAYEE\*

A Medallion Signature Guarantee is required (see Section 12).

Make checks payable from: ☐ Dividend/Capital Gains Distribution ☐ Systematic Withdrawal plan ☐ Both

Send to:

NAME

ADDRESS

CITY STATE ZIP

## 10 COST BASIS SELECTION

The Internal Revenue Service (IRS) released mandatory cost basis regulations requiring mutual fund companies to report cost basis information to shareholders and to the IRS on mutual fund shares acquired and subsequently redeemed after January 1, 2012 (herein after referred to as "covered shares"). You may wish to consult your tax advisor to determine which method best suits your individual tax situation.

If you wish to select a different method for different funds held in your account, please indicate as such. If you need additional space to indicate your selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

Please note that if you have selected the Average Cost method for existing shares and a redemption has occurred, this method cannot be revoked for these shares. However, a new method can be selected for new shares purchased in this account. Please consult your tax advisor to determine which method is most appropriate for you. Note that Northern Funds is unable to provide tax advice related to specific investments or accounts.

- ☐ Average Cost ☐ FIFO—First Shares In First Out ☐ LIFO—Last Shares In First Out
- ☐ SID – Specific Identification. (Note: If you select SID and do not provide a lot election at the time of sale, we will sell shares using the First In, first Out (FIFO) method.

## 11 SIGNATURE

By signing this form, I authorize Northern Funds, its affiliates and agents to act on any instructions believed to be genuine for any service authorized on this request. I agree that they will not be liable for any resulting loss or expense. All services are subject to conditions set forth in each fund's current prospectus. If you need a signature guarantee, you must sign in front of the banker or broker. All mutual fund account owners must sign.

OWNER'S SIGNATURE DATE

JOINT OWNER'S SIGNATURE DATE

I (we) agree that Northern Funds or any of its subsidiaries, affiliates, officers, directors, or employees will not be liable for any losses, claim expense, or cost and agree to indemnify the same from any losses and damages, for acting upon any instructions or inquiries, including telephone redemptions and exchanges, believed genuine. This authorization shall continue until the fund receives notice of modification signed by all amended from time to time. All terms shall be binding upon heirs, representatives and assignees of the account owners. I (we) acknowledge that I (we) understand past performance is not indicative of future returns.

To protect you and Northern Funds against fraud, your signature(s) must be guaranteed or validated by any “eligible” financial institution. Eligible financial institutions include commercial banks, trust companies, saving associates and credit unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. You should verify with the institution that they participate in the Medallion Signature Guarantee Program.

Financial institution: Place Medallion Signature Guarantee stamp here.

Financial institution: Place Medallion Signature Guarantee stamp here.

**IMPORTANT INFORMATION**  
**You may obtain a Medallion Signature Guarantee stamp from a participating bank or brokerage firm where you hold an account.**

<b>Please mail your completed form to:</b>	<b>Mailing address:</b> Northern Funds P.O. Box 75986 Chicago, IL 60675-5986	<b>Overnight address:</b> Northern Funds 333 South Wabash Avenue, Dept. W-38 Chicago, IL 60604
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