



# NEW ACCOUNT 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**, or Overnight: Northern Funds C/O Northern Trust, 333 S. Wabash Avenue, W-38, Chicago, IL 60604.

Please print all information.

## 1 CHOOSE YOUR ACCOUNT TYPE *and complete the information for that section.*

For IRAs or Transfer on Death accounts, visit [northernfunds.com](http://northernfunds.com) or contact the Northern Funds Center for the appropriate form.

### ☐ **INDIVIDUAL OR JOINT ACCOUNT**

OWNER'S FIRST NAME	MIDDLE INITIAL	LAST NAME
--------------------	----------------	-----------

OWNER'S SOCIAL SECURITY NUMBER <i>(will be used for tax reporting)</i>	OWNER'S DATE OF BIRTH	MOTHER'S MAIDEN NAME*
--	-----------------------	-----------------------

JOINT OWNER'S FIRST NAME	MIDDLE INITIAL	LAST NAME
--------------------------	----------------	-----------

JOINT OWNER'S SOCIAL SECURITY NUMBER	JOINT OWNER'S DATE OF BIRTH	MOTHER'S MAIDEN NAME*
--------------------------------------	-----------------------------	-----------------------

The account will be registered as Joint Tenants with Rights of Survivorship, unless you indicate otherwise: \_\_\_\_\_

*\*Required to establish online privileges in Section 8.*

### ☐ **GIFT/TRANSFER TO A MINOR (UGMA/UTMA)** *(Please complete a separate application for each minor.)*

CUSTODIAN'S FIRST NAME	MIDDLE INITIAL	LAST NAME
------------------------	----------------	-----------

CUSTODIAN'S SOCIAL SECURITY NUMBER	CUSTODIAN'S DATE OF BIRTH	MOTHER'S MAIDEN NAME*
------------------------------------	---------------------------	-----------------------

MINOR'S FIRST NAME	MIDDLE INITIAL	LAST NAME
--------------------	----------------	-----------

MINOR'S SOCIAL SECURITY NUMBER	MINOR'S DATE OF BIRTH	MOTHER'S MAIDEN NAME*
--------------------------------	-----------------------	-----------------------

*\*Required to establish online privileges in Section 8.*

### ☐ **CORPORATIONS, TRUSTS OR OTHER ENTITIES**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> C-Corporation   | <input type="checkbox"/> S-Corporation                                   | <input type="checkbox"/> Partnership       | <input type="checkbox"/> Limited Liability Company     |
| <input type="checkbox"/> Trust           | <input type="checkbox"/> Financial Institution                           | <input type="checkbox"/> Broker/Dealer     | <input type="checkbox"/> Registered Investment Company |
| <input type="checkbox"/> Retirement Plan | <input type="checkbox"/> Non-Profit/Tax Exempt Organization              | <input type="checkbox"/> Government Agency |  |
| <input type="checkbox"/> Estate          | <input type="checkbox"/> Other (Please specify the type of entity) _____ |  |  |

If you checked Limited Liability Company, please enter the tax classification.  
(C = C corporation, S = S corporation, P = Partnership) \_\_\_\_\_

If you checked Retirement Plan, please indicate if this is a

- ☐ 401(k) Profit Sharing Plan, ☐ Defined Benefit Plan, or
- ☐ Other (Please specify the type of entity) \_\_\_\_\_

## 1 CHOOSE YOUR ACCOUNT TYPE *continued*

NAME OF CORPORATION, TRUST OR ENTITY

TAX IDENTIFICATION NUMBER

DATE OF TRUST AGREEMENT (FOR TRUSTS)

NAME OF AUTHORIZED SIGNER/TRUSTEE

TRUSTEE'S SOCIAL SECURITY NUMBER

TRUSTEE'S DATE OF BIRTH

MOTHER'S MAIDEN NAME\*

NAME OF CO-SIGNER/CO-TRUSTEE

CO-TRUSTEE'S SOCIAL SECURITY NUMBER

CO-TRUSTEE'S DATE OF BIRTH

*\*Required to establish online privileges in Section 8.*

If entity type is a trust and the grantor or settlor of the trust is different than the trustee, please complete the following:

GRANTOR NAME

GRANTOR TAX IDENTIFICATION NUMBER

GRANTOR DATE OF BIRTH

SETTLOR NAME

SETTLOR TAX IDENTIFICATION NUMBER

SETTLOR DATE OF BIRTH

- Is this a publicly traded company? ☐ Yes ☐ No
- If yes, please provide Ticker symbol \_\_\_\_\_
- If yes, please attach other acceptable evidence of authority dated within six months.
- If no, please attach other acceptable evidence of authority dated within six months, **and** one of the following: articles of incorporation or other organizational document, corporate resolution, government-issued business license or certificate of good standing.
- If this is a trust, please attach the Title, Trustee and Signature pages.
- Is this a Registered Investment Company? ☐ Yes ☐ No

Additional documentation is required for legal entities to complete the application process. Please provide a formation document that proves the existence of the entity and complete the Certification Regarding Beneficial Owners of Legal Entity Customers form. This form can be found at <https://ntam.northerntrust.com/united-states/all-investor/account-resources/forms>

## 2 PROVIDE YOUR ADDRESS\*

Please provide a street address for the account owner (military personnel may provide an APO or FPO). All account-related materials, including statements, will be sent to this address unless a mailing address is provided below. For joint tenant or custodial accounts, provide the joint owner's or minor's address below.

RESIDENTIAL / STREET ADDRESS

RESIDENTIAL / STREET ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER (DAYTIME)

TELEPHONE NUMBER (EVENING)

E-MAIL ADDRESS\*\*

☐ Check here if business address

☐ Check here if address of family member

### ACCOUNT MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL/STREET ADDRESS

ADDRESS

ADDRESS

CITY / STATE / ZIP

## 2 PROVIDE YOUR ADDRESS\* continued

### ADDRESS OF JOINT OWNERS/CO-TRUSTEES/MINORS IF DIFFERENT FROM PRIMARY OWNER'S ADDRESS

NAME OF JOINT OWNER OR MINOR

STREET ADDRESS

STREET ADDRESS

CITY / STATE / ZIP

E-MAIL ADDRESS

*\*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 Section 8.*

## 3 ELECT YOUR COST BASIS METHOD FOR YOUR ACCOUNT

The default cost basis method is Average Cost. If you do not specify a cost basis reporting method, the fund will apply its default cost basis method to your account.

### FOR MY ACCOUNT, I WOULD LIKE:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Average Cost (AVCS)       | <input type="checkbox"/> First In, First Out (FIFO) | <input type="checkbox"/> Specific ID (SPID) |
| <input type="checkbox"/> Last In, First Out (LIFO) | <input type="checkbox"/> Low Cost                   | <input type="checkbox"/> High Cost          |

**Average Cost (AVCS)** — Uses the FIFO method for selecting the order of individual lots to sell and for calculating the holding period of lots sold, but determines the gain or loss using average cost.

**First In, First Out (FIFO)** — Shares sold or transferred are depleted from the earliest lots until the order is fulfilled.

**Specific ID (SPID)** — Any lot to be sold can be selected prior to the settlement of the trade.

**Last In, First Out (LIFO)** — Shares sold or transferred are depleted from the most recent purchased lots until the order is fulfilled.

### SPECIFIC ID SECONDARY METHOD

If you selected Specific ID (SPID) above and do not provide a lot election at the time of sale, we will sell shares using the First In, First Out (FIFO) method.

## 4 NORTHERN TRUST RELATIONSHIP STATUS *(Required)*

### OWNER/TRUSTEE/CUSTODIAN/EXECUTOR

- 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: \_\_\_\_\_

### JOINT OWNER

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

**CORPORATIONS, TRUSTS, ESTATES, OR OTHER ENTITIES**

Entity Registration\*: \_\_\_\_\_

(EX. CORPORATION, TRUST, PARTNERSHIP, ETC.)

- Entity Type — Check any that apply to this entity (at least one must be selected):

☐ Money Service Business — Any institution, other than banks, that offer financial services such as check cashing, currency exchange, sale of money order/travelers checks/stored value and money transmitters, including the U.S. Postal Service.

☐ Nongovernmental Organization — Private, nonprofit organizations (e.g. Charities, Foundations, Endowments, Professional Associations, Societies/Clubs and Lobbying Groups).

☐ Unregulated Financial Company — Any institution that provides financial services and is not regulated by a State or Federal regulator (e.g. hedge funds, private equity firms).

☐ None of the above/Not Applicable

- Country of incorporation or inception: \_\_\_\_\_ If U.S., please provide state: \_\_\_\_\_

- Describe primary business activity: \_\_\_\_\_

- Source of Funds for Investment: ☐ Transfer from \_\_\_\_\_, ☐ Personal savings, ☐ Sale of \_\_\_\_\_,  
☐ Gift, ☐ Other (please describe) \_\_\_\_\_

- Please list shareholders, partners or beneficiaries who control at least 20% of this entity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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

## 5 SELECT YOUR NORTHERN FUNDS

The minimum investment for a new account is \$2,500, or \$250 if you are establishing an Automatic Investment Plan (see Section 6). Please note that money orders, traveler's checks and third-party checks are not accepted. If transferring from another financial institution, please attach the Funds Transfer Form.

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 Section 9.)

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	(mm/dd/yyyy) (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](http://northerntrust.com/funds).

☐ **PAYROLL OR GOVERNMENT DIRECT DEPOSIT**

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

## 7 CHOOSE YOUR DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

Your distributions will be automatically reinvested if no box is checked. The options you choose will apply to all accounts established with this application. If you'd like to have your distributions sent to another account, address or payee, please indicate below where to send the distributions.

	Dividends	Short-term Capital Gains	Long-term Capital Gains		Dividends	Short-term Capital Gains	Long-term Capital Gains
<input type="checkbox"/> <b>REINVEST:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>CASH:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEND CASH DISTRIBUTIONS TO:

☐ Another Northern Funds account

ACCOUNT NUMBER

REGISTRATION

- ☐ The name/address on the account by check      ☐ A bank account by electronic transfer *(Please complete Section 8.)*  
☐ A different name and/or address by check

NAME

STREET, APT./UNIT

CITY / STATE / ZIP

## 8 SELECT YOUR EXCHANGE, REDEMPTION AND CHECKWRITING PRIVILEGES

With these privileges, you can exchange between identically registered accounts in the Northern Funds family, or redeem a minimum of \$250 and have it mailed to your home address or wired to your bank. A \$2,500 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 and redemptions by telephone. These privileges will automatically be established on your accounts unless you indicate otherwise below:

- ☐ I do not want the Telephone Exchange Privileges.  
☐ I do not want the Telephone Redemption Privileges.

### ☐ ONLINE PRIVILEGES

Allows you to make exchanges and redemptions online through Private Passport at [northernfunds.com](http://northernfunds.com). Private Passport, which is Northern Trust's secure online website, provides 24-hour access to your accounts.

To establish Online Privileges, you must:

- Provide your mother's maiden name (section 1)
- Provide your e-mail address (section 2)
- Select Telephone Privilege (above)

## 9 PROVIDE YOUR BANK INFORMATION

Only complete this section if you have asked to have distributions or redemptions sent to, or investments made from, a bank or financial institution (Steps 6, 7 or 8). **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](http://northerntrust.com/funds), for an online version of our current privacy notice.



## 11 NOTE: UPON COMPLETION OF YOUR APPLICATION

### REMEMBER TO INCLUDE:

*Processing may be delayed if any of the following are missing.*

- ✓ Social Security number or Tax ID number
- ✓ Street address
- ✓ Signature(s) and date in Section 12
- ✓ Section 4 completed
- ✓ Date of birth
- ✓ A voided check or savings deposit slip—if applicable
- ✓ A check for your initial investment made payable to “Northern Funds”

### REQUIRED DOCUMENTATION FOR YOUR ACCOUNT TYPE:

**TRANSFER ON DEATH BENEFICIARY** If you are interested in establishing a Transfer on Death Beneficiary, complete the Northern Funds Transfer on Death form and return it with this application. This form can be downloaded at [northernfunds.com](https://www.northernfunds.com).

**POWER OF ATTORNEY** If you are establishing this account under your authority as a Power of Attorney/Attorney in Fact, complete the Northern Trading Authorization form and return it with this application. This form can be downloaded at [northernfunds.com](https://www.northernfunds.com).

**TRUST ACCOUNT** If you are establishing a Trust Account, please attach the Title, Trustee and Signature pages.

**ESTATE** For an estate account, you must include a copy of the letters testamentary or other official documentation certified within 60 days.

**ORGANIZATION** For an organization account, please attach Articles of Incorporation, Corporate Resolution, or other document listed on Page 1 of the Application.

**CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS** This form can be downloaded at:  
<https://www.northerntrust.com/nf-forms>

## 12 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 in Section 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.**
- For Corporations, Trusts, or Other Entities, Northern Funds may, without inquiry, act only upon the instructions (whether oral, written, or provided by wire, telecommunications, or any other process) of any Persons purporting to be an authorized person as named in the Corporate Resolution, or other acceptable document evidencing authority which was last received by Northern Funds. Northern Funds shall not be liable for any claims, expenses (including legal fees), or losses resulting from Northern Funds having acted upon any instruction reasonably believed genuine.

- 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.
- I affirmatively elect into the cost basis election indicated in Section 3, and not the defaulted cost basis method of the Fund(s).

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.**

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

**MAIL COMPLETED APPLICATION TO:**

**STANDARD MAIL**

Northern Funds  
P.O. Box 75986  
Chicago, IL 60675-5986

**OVERNIGHT DELIVERY**

Northern Funds  
333 South Wabash Avenue  
Dept. W-38  
Chicago, IL 60604