



DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

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 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 listed on this form. If you'd like to have your distributions sent to another account, address or payee, please indicate below where to send the distributions.

Note: IRA owners should use the IRA Distribution Request form.

NORTHERN FUNDS ACCOUNTS

| | | |
|----------------|----------------|----------------|
| ACCOUNT NUMBER | ACCOUNT NUMBER | ACCOUNT NUMBER |
| ACCOUNT NUMBER | ACCOUNT NUMBER | ACCOUNT NUMBER |

DISTRIBUTION OPTIONS

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

SEND CASH DISTRIBUTIONS TO:

Another Northern Funds account*

ACCOUNT NUMBER

NAME ON ACCOUNT

- Name/address on account by check
- A bank account by electronic transfer *(Please complete Step 3.)**
- A different name and/or address by check*

NAME

STREET, APT./UNIT CITY/STATE/ZIP

*These privileges may require a Medallion signature guarantee. Please see Step 5 for more information.

3 PROVIDE YOUR BANK INFORMATION

Only complete this section if you have asked to have dividend and/or capital gain distributions sent to a bank or financial institution.* If payment is to be sent to a financial institution other than Northern Trust, a voided check or deposit slip should be attached.

NAME OF FINANCIAL INSTITUTION

ADDRESS

CITY

STATE

ZIP

ACCOUNT NUMBER

ROUTING NUMBER

Type of Account: Checking Savings

*Medallion signature guarantee required. See Step 5 for more information.

4 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.

- You should note that it may take up to 15 business days to establish these privileges, and up to five business days to end them.
- Distributions sent to a financial institution by Automated Clearing House (ACH) may take up to three business days.

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

5 MEDALLION SIGNATURE GUARANTEE

A signature guarantee is required if you are requesting that:

- distributions be reinvested in a Northern Funds account with different owners; or
- your distribution check be made payable to someone other than yourself; or
- your distribution be mailed to someplace other than the address of record; or
- your distributions be sent to a bank or financial institution (other than The Northern Trust Company) for an account for which you are not the owner.

You can obtain a medallion signature guarantee from a commercial bank or trust company, a member firm of a national stock exchange, or from an eligible guarantor institution as defined by the Securities and Exchange Commission.

SIGNATURE GUARANTEED BY:

AFFIX SIGNATURE GUARANTEED STAMP

NAME OF BANK OR FIRM

SIGNATURE OF OFFICER AND TITLE