



# 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.

PROVIDE YOUR INVESTOR INFORMATION	ON	
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**		U.S. CITIZEN RESIDENT RESIDENT ALIEN
☐ Check here if business address ☐ Check	ck here if address of family member	
ACCOUNT MAILING ADDRESS (if differ	ent from Residential/Street Address)	
ADDRESS		
ADDRESS		
CITY/STATE/ZIP		
*The U.S.A. Patriot Act requires that all investors pro **Required to establish online privileges in Step 7.	ovide a street address for our records. If this informat	tion is not provided, there may be a delay in establishing the account.
NORTHERN TRUST RELATIONSHIP STAT	US (Please complete all sections)	
Are you a U.S. Citizen? ☐ Yes ☐ No	If Resident Alien, please provide country of	f citizenship:
Occupation:		·
Source of Funds for Investment:		
☐ Transfer from, ☐ Pers	sonal savings, 🗌 Sale of	, _ Gift, _ Other (please describe)
Source of Wealth:		
☐ Employment Compensation, ☐ Family We	ealth, $\square$ Sale of Business, $\square$ Inheritance, $\square$	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 l	U.S. to or from this Northern Funds account	? 🗌 Yes 🔲 No
If yes, estimated number of wire transactions	s per month: Estimated	d dollar amount of wire transactions:

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

### PRIMARY BENEFICIARY

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

NAME		NAME	NAME		
RELATIONSHIP	DATE OF BIRTH	RELATIONSHIP	DATE OF BIRTH		
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER			
TELEPHONE NUMBER (DAYTIME)		TELEPHONE NUMBER (DAYTIME)			
TELEPHONE NUMBER (EVENING)		TELEPHONE NUMBER (EVENING)			
If additional beneficiaries are o	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	CONTRIBUTION LIMITS				
Rollover/Transfer Form if converting from another financial institution)	YEAR	AGE 49 AND BELOW	AGE 50 AND ABOVE		
$\Box$ Transfer directly from another Roth IRA custodian. Roth IRA original	2016-2017	\$5,500	\$6,500		
establishment date (attach Roth IRA Rollover/Transfer Form)					
$\square$ Rollover from a previous IRA custodian in which you took receipt of the assets					
☐ Beneficiary transfer of ownership (Provide Decedent's Name)					

# 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 F	UND NUMBER	AMOUNT	FIXED INCOME FUNDS	FUND NUMBER	AMOUNT
Active M Emerging Markets Equity	647		Bond Index	641	
Active M International Equity	637		Core Bond	657	
Active M U.S. Equity	660		Fixed Income	605	
Emerging Markets Equity Index	636		High Yield Fixed Income	627	
Global Real Estate Index	640		Multi-Manager Emerging Markets		
Global Sustainability Index	644		Debt Opportunity	659	
Global Tactical Asset Allocation	654		Multi-Manager High Yield Opportunity	650	
Income Equity	602		Short Bond	658	
International Equity	609		Short-Intermediate U.S. Government	620	
International Equity Index	630		Tax-Advantaged Ultra-Short Fixed Inco	me 649	
Large Cap Core	635		Ultra-Short Fixed Income	648	
Large Cap Equity	601		U.S. Government	606	
Large Cap Value	632		U.S. Treasury Index	656	
Mid Cap Index	629				
Multi-Manager Global Listed Infrastructu	ire 655				
Multi-Manager Global Real Estate	646		MONEY MARKET FUNDS	FUND NUMBER	AMOUNT
Small Cap Core	628		Money Market	611	
Small Cap Index	624		U.S. Government Money Market	613	
Small Cap Value	603		U.S. Government Select Money Marke	t 615 _	
Stock Index	618				
Technology	617		☐ Check here if investor is an employed		ust or its

SELECT YOUR NORTHERN FUN	DS continuea		
CHOOSE YOUR INVESTMENT	METHOD		
Investment will be made by:  Check made payable to Norther  Wire (call 800-595-9111 for ins Transfer from existing Northern 6	tructions)		*
*This may be a taxable event. If transferring	g to new account owners, please attach in	structions signed by all owners on the existing	account, with signatures Medallion guaran
ESTABLISH AUTOMATIC INVEST	MENT PLANS (Optional)		
	been met, you can invest as little as S	IT (Please provide your bank information \$50 each month from your bank account ment plan.	
FUND NAME	AMOUNT	FREQUENCY Select One: Monthly Quarterly Semiannually Annually	START DATE (Please choose a start date no later the 18th; if no date is selected, the 1st will be used.)
-		unds accounts as well as from multipl tment Plan form available on <b>northe</b>	
additional automatic investment plants of the second secon	ins, please see the Automatic Inves	tment Plan form available on <b>northe</b>	rntrust.com/funds.
SELECT YOUR EXCHANGE PRIV	TILEGES  TIL	tment Plan form available on <b>northe</b> ed accounts in the Northern Funds fan to exchanges between existing accou	nily. A \$500 minimum applies to
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SELECT YOUR EXCHANGE PRIV With these privileges, you can exchange accounts opened by exchanges  TELEPHONE PRIVILEGES Allows you to make exchanges to otherwise below:  I do not want the Telephone E ONLINE PRIVILEGES Allows you to make exchanges online Web site, provides 24-ho To establish Online Privileges, you privileges above.  PROVIDE YOUR BANK INFORM Only complete this section if you had a preprinted, voided check.	ILEGES  Tange between identically registered, and a \$1,000 minimum applies by telephone. These privileges will exchange Privileges.  The privileges are access to your accounts. The privileges will be access to your accounts.	the tree that the Northern Funds fan to exchanges between existing account automatically be established on your orthernfunds.com. Private Passport, when name and your e-mail address in the from a bank or financial institution (S	nily. A \$500 minimum applies to ints.  accounts unless you indicate  which is Northern Trust's secure  Step 1 and select Telephone

### REVIEW YOUR COMMUNICATION OPTIONS

#### **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.
- The Money Market Fund may impose a fee upon the sale of your shares or may temporarily suspend your ability to sell shares if the Fund's liquidity falls below required minimums because of market conditions or other factors.
- 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.

# 10 SIGN YOUR NAME continued

- 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.

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
John mele	John D. Mele	
THE NORTHERN TRUST COMPANY AUTHORIZED SIGNATURE	PRINTED NAME	

Appointment of Custodian Accepted: THE NORTHERN TRUST COMPANY

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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