EDUCATION SAVINGS ACCOUNT APPLICATION

NORTHERN FUNDS®

MANAGED BY NORTHERN TRUST

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 PROVIDE YOUR INVESTOR INFORMATION

DESIGNATED BENEFICIARY *(child for whom the account is being established)*

DESIGNATED BENEFICIARY'S FIRST NAME | MIDDLE INITIAL | LAST NAME

DESIGNATED BENEFICIARY'S SOCIAL SECURITY NUMBER | DATE OF BIRTH

RESIDENTIAL/STREET ADDRESS* | CITY/STATE/ZIP

TELEPHONE NUMBER (DAYTIME) | TELEPHONE NUMBER (EVENING)

TAX RESIDENCY

☐ U.S. CITIZEN RESIDENT

☐ RESIDENT ALIEN

DEPOSITOR *(the individual making the contribution, if not the Responsible Individual)*

DESIGNATED BENEFICIARY'S FIRST NAME | MIDDLE INITIAL | LAST NAME

DESIGNATED BENEFICIARY'S SOCIAL SECURITY NUMBER | DATE OF BIRTH

RESIDENTIAL/STREET ADDRESS* | CITY/STATE/ZIP

TELEPHONE NUMBER (DAYTIME) | TELEPHONE NUMBER (EVENING)

RESPONSIBLE INDIVIDUAL *(parent or legal guardian who is authorized to act on the account)*

RESPONSIBLE INDIVIDUAL'S FIRST NAME | MIDDLE INITIAL | LAST NAME

RESPONSIBLE INDIVIDUAL'S SOCIAL SECURITY NUMBER | DATE OF BIRTH | MOTHER'S MAIDEN NAME**

RESIDENTIAL/STREET ADDRESS* | CITY/STATE/ZIP

E-MAIL ADDRESS** | TELEPHONE NUMBER (DAYTIME) | TELEPHONE NUMBER (EVENING)

☐ Check here if business address ☐ Check here if address of family member

ACCOUNT MAILING ADDRESS *(if different from Residential/Street Address)*

ADDRESS

CITY/STATE/ZIP

☐ Yes ☐ No The Responsible Individual may change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in Section 529(e)(2) in accordance with the Custodian's procedures.

☐ Yes ☐ No The Responsible Individual shall continue to serve as the Responsible Individual for the custodial account after the Designated Beneficiary attains the age of majority under state law until such time as all assets have been distributed from the custodial account and the custodial account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.

If a box is not checked for a question, the answer will be deemed to be No.

**Account-related documents will be sent to the Responsible Individual's 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 Step 6.*

1 PROVIDE YOUR INVESTOR INFORMATION *continued*

SUCCESSOR RESPONSIBLE INDIVIDUAL

In the event of the death or legal incapacity of the Responsible Individual while the Designated Beneficiary is a minor under state law, the following shall become the Responsible Individual. If no successor is named, the Successor Responsible Individual shall be the Designated Beneficiary's parent or guardian.

SUCCESSOR RESPONSIBLE INDIVIDUAL'S FIRST NAME ______ MIDDLE INITIAL ______ LAST NAME ______

ADDRESS ______ CITY/STATE/ZIP ______

2 NORTHERN TRUST RELATIONSHIP STATUS *(Please complete all sections)*

OWNER/TRUSTEE/CUSTODIAN

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 CHOOSE YOUR CONTRIBUTION TYPE

☐ Contribution for tax year ______ ($2,000 max contribution per year) ☐ Rollover/Transfer from an existing Education Savings Account

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.*

4 SELECT YOUR NORTHERN FUNDS

The minimum investment for a new Education Savings Account is $500, or $250 if you are establishing an Automatic Investment Plan (see Step 5). Make your check payable to Northern Funds. Please note that money orders, traveler's checks and third-party checks are not accepted.

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 ______

5 ESTABLISH AUTOMATIC INVESTMENT PLANS *(Optional)*

DIRECT DEPOSIT INTO YOUR NORTHERN FUNDS ACCOUNT *(Please provide your bank information in Step 7.)*
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 Select One: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually	START DATE (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.**

6 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.

7 PROVIDE YOUR BANK INFORMATION

Only complete this section if you have asked to have investments made from a bank or financial institution (Step 5). **Make sure you attach a preprinted, voided check for this account if different from the account your investment check is drawn from.**

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

☐ Checking Account ☐ Savings Account

8 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.

9 SIGN YOUR NAME

The Depositor and Responsible Individual must sign below. Please sign exactly as your name appears in Step 1. As the Depositor, I certify that:

- 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.**
- 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.

SIGNATURE OF DEPOSITOR | PRINTED NAME | DATE

SIGNATURE OF RESPONSIBLE INDIVIDUAL | PRINTED NAME | DATE

Kimberly O'Connor

THE NORTHERN TRUST COMPANY AUTHORIZED SIGNATURE | PRINTED NAME

Appointment of Custodian Accepted: THE NORTHERN TRUST COMPANY

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**