



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**.

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 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 *(will be used for tax reporting)* 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 9.*

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 9.*

CORPORATIONS, TRUSTS OR OTHER ENTITIES

- Corporation, Partnership, or LLC
- Government Entity
- Corporate retirement plan
- Non-Government Organization & Charities
- ERISA plan
- Trust

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 9.*

1 CHOOSE YOUR ACCOUNT TYPE *continued*

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

For corporate accounts, please provide a Form W-9. This form can be obtained by contacting the Internal Revenue Service (IRS) at 800-829-1040, or by visiting the IRS website at www.irs.gov.

Additional documentation is required for legal entities to complete the application process. Please complete and attach a Certification Regarding Beneficial Owners of Legal Entity Customers form. This form can be found at: <https://www.northerntrust.com/nf-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

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 9.

3 ELECT YOUR COST BASIS METHOD FOR YOUR ACCOUNT(S)

The default cost basis method is Average Cost. If you do not specify a cost basis reporting method, the FUND DEFAULT METHOD will be applied to your account(s). If you select the Specific ID method, a secondary method may be selected in Section 4.

FOR MY ACCOUNT(S), I WOULD LIKE:

- Average Cost (AVCS) First In, First Out (FIFO) Specific ID (SPID) Last In, First Out (LIFO)

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.

4 SPECIFIC ID SECONDARY METHOD (optional)

If you selected Specific ID for your account(s) and would like to use a secondary method as a standing order, please indicate that method below. If you do not provide specific shares at the time of your sale and do not have a secondary method on file, we will sell shares using the First In, First Out (FIFO) method.

	FIRST IN, FIRST OUT (FIFO)	LAST IN, FIRST OUT (LIFO)
A) One method for all shares in all of my Funds	<input type="checkbox"/>	<input type="checkbox"/>
OR		
B) Different method for each Fund		
_____	<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME OR NUMBER		
_____	<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME OR NUMBER		
_____	<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME OR NUMBER		
_____	<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME OR NUMBER		

5 NORTHERN TRUST RELATIONSHIP STATUS (Required)

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: _____

JOINT OWNER

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

CORPORATIONS, TRUSTS 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

**For Corporations, please complete and return a W-9 form along with your application. This form can be obtained by contacting the Internal Revenue Service (IRS) at 800-829-1040, or by visiting the IRS website at www.irs.gov.*

6 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 7). 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.*

7 ESTABLISH AUTOMATIC INVESTMENT PLANS (Optional)

DIRECT DEPOSIT INTO YOUR NORTHERN FUNDS ACCOUNT (Please provide your bank information in Section 10.)

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.

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.

8 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.

	<i>Dividends</i>	<i>Short-term Capital Gains</i>	<i>Long-term Capital Gains</i>		<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 _____

REGISTRATION _____

The name/address on the account by check A bank account by electronic transfer *(Please complete Section 10.)*
 A different name and/or address by check

NAME _____

STREET, APT./UNIT _____ CITY / STATE / ZIP _____

9 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. 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)

10 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 7, 8 or 9). **A preprinted, voided check is required.**

NAME ON BANK ACCOUNT _____

BANK NAME _____ BANK ADDRESS _____

ACCOUNT NUMBER _____ ROUTING NUMBER _____

Checking Account Savings Account

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.

12 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 13
- ✓ Section 5 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.

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.

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>

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.**
- Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) 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 a 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. person (including a U.S. resident alien). (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 IRS does not require your consent to any provision on this application other than the certification required to avoid backup withholding.**
- 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.
- 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).

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