



# NEW ACCOUNT APPLICATION

For assistance in completing this application, please contact the Northern Institutional Funds Center at **800-637-1380** weekdays from 7:00 a.m. to 5:00 p.m. Central time. Please mail your application to: Northern Institutional Funds, P.O. Box 75986, Chicago, IL 60675-5986 or fax your application to: **312-557-0411**.

Please print all information.

## 1 INVESTOR INFORMATION

- C-Corporation       S-Corporation       Partnership       Limited Liability Company
- Trust       Financial Institution       Broker/Dealer       Registered Investment Company
- Retirement Plan       Non-Profit/Tax Exempt Organization       Government Agency
- Estate       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) \_\_\_\_\_

NAME OF ENTITY \_\_\_\_\_

TAX IDENTIFICATION NUMBER \_\_\_\_\_ DATE OF TRUST AGREEMENT (FOR TRUSTS) \_\_\_\_\_

NAME OF AUTHORIZED SIGNER/TRUSTEE \_\_\_\_\_ NAME OF CO-SIGNER/CO-TRUSTEE \_\_\_\_\_

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 an acceptable evidence of authority dated within six months.

If no, please attach an 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

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ATTENTION

STREET ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER (DAYTIME)

TELEPHONE NUMBER (EVENING)

E-MAIL ADDRESS OF PRIMARY CONTACT

## 3 ELECT YOUR COST BASIS METHOD FOR YOUR ACCOUNT

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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:

- Average Cost (AVCS)       First In, First Out (FIFO)       Specific ID (SPID)  
 Last In, First Out (LIFO)       Low Cost       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 *(Please complete all sections)*

**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

If entity is a subsidiary of a parent company, please indicate domicile of parent company: \_\_\_\_\_

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:  Check here if not applicable

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

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** INVESTMENT INSTRUCTIONS

NORTHERN INSTITUTIONAL PORTFOLIOS*	INVESTMENT AMOUNT	Shares
<b>Money Market Portfolio</b>		
U.S. Government Select Portfolio Siebert Williams Shank Shares	_____	<input type="checkbox"/>
Treasury Portfolio Siebert Williams Shank Shares	_____	<input type="checkbox"/>

Check here if investor is an employee of Northern Trust or its affiliates. Employee ID \_\_\_\_\_

\*Northern Institutional Funds and Northern Funds are separately registered investment companies.

**PAYMENT FOR INITIAL PURCHASE:**

By Wire (Call 800-637-1380 for instructions.)  By Check made payable to Northern Institutional Funds.  Other \_\_\_\_\_

## 6 STATEMENT OPTIONS

### ADDITIONAL STATEMENTS

If you would like us to send duplicate statements of your account to someone, please provide the following information:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

## 7 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"/> <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 \_\_\_\_\_

- Name/address on 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 \_\_\_\_\_

## 8 SELECT YOUR EXCHANGE AND REDEMPTION PRIVILEGES

These privileges will automatically be established on your accounts unless you indicate otherwise below.

### EXCHANGES

Allows exchanges between identically registered accounts of the same share class in the Northern Institutional Funds family by phone. A \$1,000 minimum applies to new accounts opened by exchange and to exchanges between existing accounts.

I **do not** want the exchange privileges listed above.

### REDEMPTIONS

Allows redemptions by phone. The redemption can be mailed to the address on the account or wired to a pre-authorized bank. When redeeming by wire, there will be a \$10,000 minimum. If you'd like to establish this privilege, please provide the bank information in Section 10.

I **do not** want the redemption privileges listed above.

## 9 PROVIDE YOUR BANK INFORMATION

Only complete this section if you have asked to have distributions or redemptions sent to a bank or financial institution. **Please attach a preprinted, voided check.**

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

Checking Account    Savings Account    Wire    Electronic Fund Transfer

## 10 PROTECTING YOUR PRIVACY

Protecting your privacy is important at Northern Institutional 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 Web site; 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 **800-637-1380** weekdays from 7:00 a.m. to 5:00 p.m., Central time, or by writing to us at Northern Institutional 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 Web site, [northerntrust.com/institutional](http://northerntrust.com/institutional), for an online version of our current privacy notice.

## 11 SIGN YOUR NAME

This application must be signed by a duly authorized officer or other person on behalf of the investor.

- I have received and read the current summary prospectus or prospectus for the Portfolio 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 Portfolio prospectus, as amended from time to time.
- I understand that I can lose money by investing in the Portfolio. Although each Portfolio seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so.
- I understand that an investment in a Portfolio is not a deposit of any bank and is not insured or guaranteed by the Federal Deposit Insurance Corporation, any other governmental agency, or The Northern Trust Company, its affiliates, subsidiaries or any other bank. The Portfolios' sponsor has no legal obligation to provide financial support to the Portfolio, and you should not expect that the sponsor will provide financial support to the Portfolio at any time.
- The Northern Trust Company and/or its affiliates provide investment advisory and other services to the Northern Institutional Funds and receive fees for such services.

- Federal law requires Northern Institutional 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 Institutional 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 Institutional 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 Institutional Funds; or (3) redeem shares and close an account in the event that an investor’s identity is not verified. **Northern Institutional 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 Institutional 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 Institutional Funds. Northern Institutional Funds shall not be liable for any claims, expenses (including legal fees), or losses resulting from Northern Institutional 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).

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

**FOR INTERNAL USE ONLY**

REPRESENTATIVE’S SIGNATURE	PRINTED NAME	DATE
EMPLOYEE ID	BANK LOCATION	DEPT./DIVISION
		PHONE NUMBER