



# TRANSFER ON DEATH (TOD)

REGISTRATION

For assistance in completing this form, 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 form to: **312-557-0411**.

Please print all information.

PROVIDE YOUR INVESTOR INFORMA	ATION			
☐ Individual ☐ Joint Tenants v	vith Rights of Survivors	hip		
OWNER'S FIRST NAME	MIDDLE	INITIAL	LAST NAME	
OWNER'S SOCIAL SECURITY NUMBER				
JOINT OWNER'S FIRST NAME	MIDDLE	INITIAL	LAST NAME	
JOINT OWNER'S SOCIAL SECURITY NUMBER				
E-MAIL ADDRESS				
TELEPHONE NUMBER (DAYTIME)		telephone number (evening)		
CHOOSE YOUR ACCOUNT TYPE				
The TOD registration is available on	y for individual or join	t tenants with rights of s	urvivorship acco	ounts.
Existing Accounts: I am currently a the direction made by me in this Appl				•
fund name	ACCOUNT NUMBER			
FUND NAME	ACCOUNT NUMBER			
DESIGNATE YOUR BENEFICIARY				
Upon my death, the beneficiary shall be: PRIMARY BENEFICIARY				
NAME		NAME		
RELATIONSHIP	DATE OF BIRTH	RELATIONSHIP		DATE OF BIRTH
CUSTODIAN (IF BENEFICIARY IS A MINOR)		CUSTODIAN (IF BENEFICI	ARY IS A MINOR)	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBE	E R	
ADDRESS	CITY/STATE/ZIP	ADDRESS		CITY/STATE/ZIP
TELEPHONE NUMBER (DAYTIME)		TELEPHONE NUMBER (DA	YTIME)	
TELEPHONE NUMBER (EVENING)		TELEPHONE NUMBER (EVE	ENING)	
PERCENTAGE		PERCENTAGE		
Designated Beneficiary Percentage (Must	total 100%)			
of the the feet to the		ide e de la de	11:41:1	
If additional beneficiaries are desired, plant I have attached additional beneficiary	·	eei iisting names, relationshi	ps and birmadies.	
For Contingent Reneficiary, see page 2.1	minifications.			

CONTINGENT BENEFICIARY (ii	f Primary Beneficiary is not living o	at my death)		
NAME		NAME		
RELATIONSHIP	DATE OF BIRTH	RELATIONSHIP	DATE OF BIRTH	
CUSTODIAN (IF BENEFICIARY IS A MINOR)		CUSTODIAN (IF BENEFICIARY IS A M	ainor)	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER		
ADDRESS	CITY/STATE/ZIP	ADDRESS	CITY/STATE/ZIP	
TELEPHONE NUMBER (DAYTIME)		TELEPHONE NUMBER (DAYTIME)		
TELEPHONE NUMBER (EVENING)		TELEPHONE NUMBER (EVENING)		
PERCENTAGE		PERCENTAGE		
If additional beneficiaries are desire  I have attached additional bene		et listing names, relationships and b	pirthdates.	
COMMENT OF SPOURS				
CONSENT OF SPOUSE				
			evada, New Mexico, Texas, Washing	
and Wisconsin) who designated be	neficiaries other than a spouse i			
and Wisconsin) who designated be I consent to (i) the naming of anothe others as contingent beneficiaries o	neficiaries other than a spouse r er person as primary beneficiary f this account. I give any interest	nust obtain the spouse's consent.  of this account or (ii) the naming of	f myself as primary beneficiary and	
and Wisconsin) who designated be I consent to (i) the naming of anothe others as contingent beneficiaries o	neficiaries other than a spouse r er person as primary beneficiary f this account. I give any interest	nust obtain the spouse's consent.  of this account or (ii) the naming of	evada, New Mexico, Texas, Washing  f myself as primary beneficiary and  er, to the extent necessary to accomplis	
and Wisconsin) who designated be I consent to (i) the naming of another	neficiaries other than a spouse r er person as primary beneficiary f this account. I give any interest	nust obtain the spouse's consent.  of this account or (ii) the naming of	f myself as primary beneficiary and er, to the extent necessary to accomplis	
and Wisconsin) who designated be I consent to (i) the naming of another others as contingent beneficiaries of the beneficiary designation made a	neficiaries other than a spouse r er person as primary beneficiary f this account. I give any interest	nust obtain the spouse's consent.  of this account or (ii) the naming of in these assets to the account owne	f myself as primary beneficiary and er, to the extent necessary to accompli	
and Wisconsin) who designated be I consent to (i) the naming of another others as contingent beneficiaries of the beneficiary designation made a	neficiaries other than a spouse r er person as primary beneficiary f this account. I give any interest	must obtain the spouse's consent.  of this account or (ii) the naming of in these assets to the account owne	f myself as primary beneficiary and er, to the extent necessary to accompli	
and Wisconsin) who designated be I consent to (i) the naming of anothe others as contingent beneficiaries o the beneficiary designation made a  SIGNATURE OF OWNER'S SPOUSE	neficiaries other than a spouse r er person as primary beneficiary f this account. I give any interest	nust obtain the spouse's consent.  of this account or (ii) the naming of in these assets to the account owne	f myself as primary beneficiary and er, to the extent necessary to accompli	
and Wisconsin) who designated be I consent to (i) the naming of anothe others as contingent beneficiaries o the beneficiary designation made a  SIGNATURE OF OWNER'S SPOUSE	neficiaries other than a spouse r er person as primary beneficiary f this account. I give any interest	nust obtain the spouse's consent.  of this account or (ii) the naming of in these assets to the account owne	f myself as primary beneficiary and er, to the extent necessary to accompli	
and Wisconsin) who designated be I consent to (i) the naming of another others as contingent beneficiaries of the beneficiary designation made a	neficiaries other than a spouse in er person as primary beneficiary f this account. I give any interest bove.	nust obtain the spouse's consent.  of this account or (ii) the naming of in these assets to the account owne	f myself as primary beneficiary and er, to the extent necessary to accomplis	
and Wisconsin) who designated be I consent to (i) the naming of another others as contingent beneficiaries of the beneficiary designation made a SIGNATURE OF OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGN YOUR NAME  Please sign exactly as your name a	neficiaries other than a spouse in the person as primary beneficiary of this account. I give any interest bove.	must obtain the spouse's consent.  If of this account or (ii) the naming of in these assets to the account owne	f myself as primary beneficiary and er, to the extent necessary to accompli	
and Wisconsin) who designated be I consent to (i) the naming of anothe others as contingent beneficiaries of the beneficiary designation made a  SIGNATURE OF OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGN YOUR NAME  Please sign exactly as your name ap  • The undersigned have read and	neficiaries other than a spouse of the person as primary beneficiary of this account. I give any interest bove.  The person as primary beneficiary of this account. I give any interest bove.	nust obtain the spouse's consent.  To this account or (ii) the naming of in these assets to the account owne  DATE  DATE	f myself as primary beneficiary and er, to the extent necessary to accompli	
and Wisconsin) who designated be I consent to (i) the naming of another others as contingent beneficiaries of the beneficiary designation made a SIGNATURE OF OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  Please sign exactly as your name appropriate to the undersigned have read and register the accounts listed above	ppears on your account.  understand the attached Guidele, in transfer on death form, for the property of the standard of the s	nust obtain the spouse's consent.  of this account or (ii) the naming of in these assets to the account owne  DATE  DATE  these for TOD Registration and hereby the benefit of the beneficiaries design	f myself as primary beneficiary and er, to the extent necessary to accomplise.	
and Wisconsin) who designated be I consent to (i) the naming of another others as contingent beneficiaries of the beneficiary designation made a SIGNATURE OF OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  Please sign exactly as your name a property of the undersigned have read and register the accounts listed above.  Each of the undersigned hereby	ppears on your account.  understand the attached Guidele, in transfer on death form, for agrees to indemnify The Northe	nust obtain the spouse's consent.  of this account or (ii) the naming of in these assets to the account owne  DATE  DATE  The benefit of the beneficiaries designer Trust Company and Northern Functions  To the spouse's consent.	f myself as primary beneficiary and er, to the extent necessary to accomplise.	
and Wisconsin) who designated be I consent to (i) the naming of another others as contingent beneficiaries of the beneficiary designation made a SIGNATURE OF OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  Please sign exactly as your name and register the accounts listed above  Each of the undersigned hereby (including reasonable attorney's	ppears on your account.  understand the attached Guidele, in transfer on death form, for agrees to indemnify The Northe fees) to the extent that any trans	nust obtain the spouse's consent.  of this account or (ii) the naming of in these assets to the account owne  DATE  DATE  The benefit of the beneficiaries designer. Trust Company and Northern Funder on death effected pursuant to the	f myself as primary beneficiary and er, to the extent necessary to accomplish the extent necessary the extent necessary to accomplish the ext	
and Wisconsin) who designated be I consent to (i) the naming of another others as contingent beneficiaries of the beneficiary designation made a SIGNATURE OF OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  OF The undersigned have read and register the accounts listed above (including reasonable attorney's been invalid or ineffective for any	ppears on your account.  understand the attached Guidele, in transfer on death form, for agrees to indemnify The Northe fees) to the extent that any transy reason and Northern Trust Co	nust obtain the spouse's consent.  Tof this account or (ii) the naming of in these assets to the account owne  DATE  DATE  The benefit of the beneficiaries designer. Trust Company and Northern Function and Northern Funds will be	f myself as primary beneficiary and er, to the extent necessary to accomplise	
and Wisconsin) who designated be I consent to (i) the naming of another others as contingent beneficiaries of the beneficiary designation made a SIGNATURE OF OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  Please sign exactly as your name and register the accounts listed above  Each of the undersigned hereby (including reasonable attorney's	ppears on your account.  understand the attached Guidele, in transfer on death form, for agrees to indemnify The Northe fees) to the extent that any transy reason and Northern Trust Co	nust obtain the spouse's consent.  Tof this account or (ii) the naming of in these assets to the account owne  DATE  DATE  The benefit of the beneficiaries designer. Trust Company and Northern Function and Northern Funds will be	f myself as primary beneficiary and er, to the extent necessary to accomplish the extent necessary the extent necessary to accomplish the ext	
and Wisconsin) who designated be I consent to (i) the naming of another others as contingent beneficiaries of the beneficiary designation made a SIGNATURE OF OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  Please sign exactly as your name at a continuous signed have read and register the accounts listed above (including reasonable attorney's been invalid or ineffective for any the TOD beneficiaries to the external contents as a continuous signed hereby the total contents are signed.	ppears on your account.  understand the attached Guidele, in transfer on death form, for agrees to indemnify The Northe fees) to the extent that any trans y reason and Northern Trust Continecessary to enforce their rig	nust obtain the spouse's consent.  Tof this account or (ii) the naming of in these assets to the account owne  DATE  DATE  The benefit of the beneficiaries designer. Trust Company and Northern Function and Northern Funds will be	f myself as primary beneficiary and er, to the extent necessary to accomplise.  Experimentally instruct the Northern Trust Company in ated above.  Indeed a additional and the entitled to attach or debit the account of the entitled to attach or debit the account in the entitled to attach or debit the entitled	
and Wisconsin) who designated be I consent to (i) the naming of another others as contingent beneficiaries of the beneficiary designation made a SIGNATURE OF OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  SIGNATURE OF JOINT OWNER'S SPOUSE  OF The undersigned have read and register the accounts listed above (including reasonable attorney's been invalid or ineffective for any the TOD beneficiaries to the external or the undersigned agrees that this	ppears on your account.  understand the attached Guidele, in transfer on death form, for agrees to indemnify The Northe fees) to the extent that any trans y reason and Northern Trust Continecessary to enforce their rig	nust obtain the spouse's consent.  To of this account or (ii) the naming of in these assets to the account owner of the account owner.  DATE  DATE  The benefit of the beneficiaries design or Trust Company and Northern Funder on death effected pursuant to the reporation and Northern Funds will be that to this indemnity.  The benefit of the beneficiaries design or the provided in accordance of t	f myself as primary beneficiary and er, to the extent necessary to accomplish to the extent necessary to accomplish a property instruct The Northern Trust Company and advisor and above.  Indeed above the entitled to attach or debit the account of the entitled to attach or debit the account and to the entitled to attach or debit the account and to the entitled to attach or debit the account and the entitled to attach or debit the account and the entitled to attach or debit the account account and the entitled to attach or debit the account account and the entitled to attach or debit the account account and the entitled to attach or debit the account accou	

#### **6** MEDALLION SIGNATURE GUARANTEE

A Medallion signature guarantee is required if the registration of an existing Northern Funds account is being changed to a Transfer on Death (TOD) registration.

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.

- A Medallion Signature Guarantee Stamp is not required when submitting this form with a New Account Application
- Please obtain a Medallion Signature Guarantee Stamp when adding new Transfer on Death beneficiaries
- A Medallion Signature Guarantee Stamp is also required when updating beneficiaries on an existing account

SIGNATURE GUARANTEED BY:	AFFIX SIGNATURE GUARANTEED STAMP
NAME OF BANK OR FIRM	-
SIGNATURE OF OFFICER AND TITLE	

## GUIDELINES FOR TRANSFER ON DEATH (TOD) REGISTRATION

Transfer on Death (TOD) is a form of ownership that enables a security owner, while retaining all normal rights of ownership during his/her lifetime, to designate an individual who will automatically become the security owner on the death of the current owner. The ownership of the security passes directly to the designated beneficiary outside of probate. During the lifetime of the owner(s), the beneficiary has no rights in, to or with respect to the security or any dividends or interest paid. The owner can transfer the security and negotiate dividend checks without the signature or consent of the beneficiary.

Neither Northern Funds nor The Northern Trust Company is responsible for determining the tax and legal consequences concerning the decision to register shares in TOD form. Neither Northern Funds nor The Northern Trust Company shall be responsible to a designated TOD beneficiary for dividends or distributions in respect of shares registered in TOD form paid after the owner's death but before the transfer of such shares to the designated beneficiary. Investors should consult their attorney or tax advisor to obtain advice regarding the tax and legal consequences of TOD registration.

Eligible Owners: The TOD registration format can only be used for: (1) sole owner accounts for natural persons, and (2) natural persons holding the shares as joint owners with rights of survivorship. TOD registration is not available for non-natural persons (e.g., corporations, trusts, etc.), tenants in common or community property registrations. Tenants in common or community property registrations are not allowed because such tenancies lack the right of survivorship.

Eligible Beneficiaries: You may appoint one or more beneficiaries. In addition, primary and contingent beneficiaries may be designated. You may list additional beneficiaries on a separate sheet, if needed. Primary beneficiaries are the first in line to receive the account upon the death of the account owner. Contingent beneficiaries receive the account upon the death of the account owner if, and only if, there are no surviving primary beneficiaries. The account owner does not have to designate any contingent beneficiaries.

The beneficiaries on a TOD registration may be natural persons only. Custodians under the Uniform Transfers to Minors Act are permitted beneficiaries in a TOD registration. Custodians under the Uniform Gifts to Minors Act ("UGMA") are not permitted beneficiaries in a TOD registration (because UGMA only applies to gifts made during the lifetime of the account owner). Minors should not be designated beneficiaries unless a guardian or custodian is referenced in the registration. Until the account owner dies, the named beneficiary has no right in the shares in the TOD account and no instructions can be accepted from, or information provided to, such beneficiary. If the beneficiary fails to survive the account owner, the account will be treated as belonging to the owner's estate. If the beneficiary survives the owner but is not alive at the time the shares are presented for the transfer, the shares become part of the beneficiary's estate.

How to Register a TOD Account: To establish a new Northern Funds account with TOD registration, complete the Northern Funds New Account Application and the Transfer on Death (TOD) Registration Form. To change the registration on an existing Northern Funds account to a TOD registration, complete the Transfer on Death (TOD) Registration Form and have your signature guaranteed. All registered account owners must complete the Transfer on Death (TOD) Registration Form and their signatures must be Medallion guaranteed.

(see reverse)

## 7

#### GUIDELINES FOR TRANSFER ON DEATH (TOD) REGISTRATION continued

Transfer and Revocation During Life of Owner: You may change or revoke the TOD registration with clear instructions to Northern Funds Center, P.O. Box 75986, Chicago, Illinois 60675-5986. The letter of instructions must be Medallion signature guaranteed for all registered owners. If one joint owner has died, the surviving joint owner must provide Northern Funds with evidence of the death of the deceased joint owner (certified death certificate) and inheritance tax waivers and/or affidavits of domicile of the deceased joint owner, if applicable. The surviving joint owner may re-register the shares into sole ownership and can change or delete the beneficiary.

Negotiation of TOD Accounts: On the death of an individual owner or the last remaining joint owner, the shares become property of the designated beneficiary. The beneficiary must survive the owner to be entitled to the shares. If the beneficiary does not survive the owner or if the beneficiary is unable to accept his or her interest, the shares become the property of the owner's estate. Moreover, if the beneficiary survives the owner but is not alive when the transfer request is received, the shares become the property of the beneficiary's estate. As noted above, primary beneficiaries are the first to receive the account upon the death of the account owner. Thus, the shares are transferred to each of the primary beneficiaries, in equal shares, who survive the account owner. If there are multiple primary or contingent beneficiaries, the shares are equally divided among the designated primary or contingent beneficiaries, as applicable. Contingent beneficiaries receive the account upon the death of the account owner if, and only if, there are no surviving primary beneficiaries.

If the account is owned by joint tenants with rights of survivorship, upon the death of the first joint tenant, no transfer to beneficiaries will be made. The surviving joint tenant becomes the sole owner of the assets in the account. Upon the death of the last surviving owner, the assets in the account will be transferred to the beneficiaries in accordance with the Transfer on Death (TOD) Registration Form in effect with respect to that account, unless such designation or registration has been revoked or otherwise superseded.

Shares will not be transferred to a beneficiary if the transfer agent receives written notice from any claimant to any interest in the security objecting to transfer.

How to Transfer Shares to a Beneficiary: To transfer shares to a beneficiary, we must receive a certified copy of the death certificate of the owner, inheritance tax waiver/affidavit of domicile of the owner if applicable, Medallion signature guaranteed instructions from each beneficiary, a W-9 form completed by each beneficiary, and such other information and proof of entitlement as Northern Funds may require. If the beneficiary is a minor or incompetent, a parent, guardian, or conservator, as appropriate, must submit an affidavit attesting that the beneficiary survived the owner. The person providing the affidavit must indicate their relationship to the beneficiary and their signature must be Medallion guaranteed. To transfer shares, the beneficiary or the beneficiary's representative must also indemnify Northern Funds and The Northern Trust Company against any death taxes, claims, losses or damages that may be created by reason of the transfer and must agree that if all or any portion of the account is determined to belong to another person, the beneficiary will transfer it to the person entitled to it.

**Responsibilities:** Neither Northern Funds nor the Northern Trust Company is responsible for the payment of any debts of the account owner or the payment of any taxes or other amounts owned by the account owner, by the estate or any beneficiary. In addition, neither The Northern Trust Company nor Northern Funds has any duty to locate beneficiaries, to determine the marital status of the account owner at any time, or to determine any other fact that may affect a transfer pursuant to the TOD registration of any account.

In the event Northern Funds or The Northern Trust Company becomes aware of any claim or dispute concerning a transfer, they may require the parties to adjudicate their respective rights or to require an indemnity bond protecting Northern Funds and The Northern Trust Company for the transfer. Northern Funds and The Northern Trust Company shall have the right to deduct from a TOD account an amount equal to the expenses reasonably incurred by them in connection with any claim or fact adverse to the transfer or disposition of the account.

**Future Changes in These Guidelines:** These guidelines are subject to change by Northern Funds for any reason, including changes in TOD status as adopted in several states and in the Securities Transfer Association's TOD Rules. If you would like to change or revoke your TOD registration, you must notify Northern Funds in writing with 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. Any questions or concerns should be directed to the Northern Funds Center at 800-595-9111 or in writing to: Northern Funds Center, P.O. Box 75986, Chicago, Illinois 60675-5986.