



# TRADITIONAL 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**, or Overnight: Northern Funds C/O Northern Trust, 333 S. Wabash Avenue, W-38, Chicago, IL 60604.

Please print all information.

provide your investor informa	TION	
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 ALIE
ACCOUNT MAILING ADDRESS (if diff	ferent from Residential/Street Address)	
ADDRESS		
ADDRESS		
CITY/STATE/ZIP		
*The U.S.A. Patriot Act requires that all investors  **Required to establish online privileges in Step 7.	provide a street address for our records. If this information is	not provided, there may be a delay in establishing the acco
NORTHERN TRUST RELATIONSHIP STA	ATUS (Required)	
• Are you a U.S. Citizen? Yes No		
– If Resident Alien, please provide cou	intry of citizenship:	
Occupation:		
Source of Funds for Investment:		
• 🗌 Transfer from	, Personal savings, Sale of	, □ Gift,
Other (please describe)		
Source of Wealth:		
• Employment Compensation, Fam	nily 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? $\square$ Y	∕es □ 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 train	nsactions per month:	_
<ul> <li>Estimated dollar amount of wire trans</li> </ul>	nsactions:	

designate you	JR BENEFICIARY		
Upon my death, th	e beneficiary of my IRA shall be:		
PRIMARY BENE	FICIARY	CONTINGENT BENEFICIAR	Y (if Primary Beneficiary is not living at my death)
NAME		NAME	
RELATIONSHIP	DATE OF BIRTH	RELATIONSHIP	DATE OF BIRTH
SOCIAL SECURITY NUM	BER	SOCIAL SECURITY NUMBER	
TELEPHONE NUMBER (D	AYTIME)	TELEPHONE NUMBER (DAYTIME)	
TELEPHONE NUMBER (E	VENING	TELEPHONE NUMBER (EVENING)	
	iciaries are desired, please attach the Northern Fu	nas ikA beneficiary Designation Form	1.
CHOOSE YOUR	IRA TYPE		
IRA Type:	<ul><li>□ Traditional</li><li>□ SEP</li><li>□ Inherited IRA</li></ul>		
	<ul> <li>□ SEP contribution (attach IRS Form 5305-SEP or a Transfer directly from another IRA custodian (attach the Direct Rollover from a qualified plan (attach the Rollover from a previous IRA custodian in which Beneficiary transfer of ownership (Assuming special Beneficiary IRA, Provide decedent's name</li> </ul>	rach the Traditional IRA Rollover/Trans Traditional IRA Rollover/Transfer Form In you took receipt of the assets	n)
SELECT YOUR N	ORTHERN FUNDS		
	stment for a new Traditional IRA account is \$500 payable to Northern Funds. Please note that mor		
FIXED INCOME I	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 aff	filiates. Employee ID	
CHOOSE YOUR	INVESTMENT METHOD		
Investment will be			
	yable to Northern Funds		
☐ Wire (call 800-	595-9111 for instructions)		
☐ Transfer from ex	kisting Northern Funds account number		*

<sup>\*</sup>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.

FUND NAME	AMOUNT	FREQUENCY Select One: Monthly Quarterly Semiannually Annually	START DATE (Please choose a start date no later the the 28th; if no date is selected, the 1st will be used.)
		unds accounts as well as from multiple tment Plan form available on <b>norther</b>	
SELECT YOUR EXCHANGE PRIV	ILEGES		
		ed accounts in the Northern Funds fam	
. ,	, and a \$1,000 minimum applies	to exchanges between existing accour	nts.
TELEPHONE PRIVILEGES	v telephone. These privileges will	automatically be established on your c	accounts unless you indicate
otherwise below:	y lelephone. These privileges will t	adiomancally be established on your c	accoons oness you malcale
☐ I do not want the Telephone Ex	xchange Privileges.		
ONLINE PRIVILEGES			
Allows you to make exchanges o online Web site, provides 24-hou		orthernfunds.com. Private Passport, w	nich is Northern Trust's secure
•	•	den name and your e-mail address in S	itep 1 and select Telephone
provide your bank inform,	ation		
		e from a bank or financial institution (St	ep 6). <b>A preprinted, voided</b>
Only complete this section if you have		e from a bank or financial institution (St	ep 6). <b>A preprinted, voided</b>
Only complete this section if you have check is required.			ep 6). <b>A preprinted, voided</b>

6 ESTABLISH AUTOMATIC INVESTMENT PLANS (Optional)

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9	REVIEW	YOUR	COMMUNICATION	<b>OPTIONS</b>

### **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			

## PROTECTING YOUR PRIVACY

CITY / STATE / ZIP

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.
- 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.
- 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.

Under penalties of perjury, I certify that:

PLEASE ATTACH AN INVESTOR PROFILE.

- 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 N	AME	DATE
Kindyg Oloma	Kimberly	y O'Connor	
HE NORTHERN TRUST COMPANY AUTHORIZED SIGNAT			
Appointment of Custodian Accepted: T	he northern trust cc	MPANY	
92023 Northern Funds	Northern Funds Distributors, LL	C, not affilitated with Northern Trust	IRA APL TRAD 7/23
FOR INTERNAL USE ONLY			
epresentative's signature	PRINTED N	AME	DATE
MPLOYEE ID	BANK LOCATION	DEPT./DIVISION	PHONE NUMBER

☐ FAX FOLLOW-UP