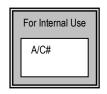
JOHNSON MUTUAL FUNDS **TRUST** 3777 WEST FORK ROAD CINCINNATI, OHIO 45247 (513) 661-3100 (800) 541-0170





## AAAA) CAI ADV DENIICTIAN ACREEMENT

Ap <sub>]</sub>	plication						
A.	This account is a 403(b) Custodial Account						
	I would like to establish a new account and salary reduction agreement						
	Change in amount of salary reduction contribution for account #						
	Change in Beneficiary Designation for account #						
	Change in Investment Cho	pices for account #	(Item 4	)			
В.	For new accounts with Johnson Funds: In order to provide for his or her retirement, the Employee named below des to establish a 403(b) Program so that his or her Employer named below can make salary reduction contributions as elect by the Employee on his or her Salary Reduction Agreement (item 3 below)						
	Name of Employee		Name of Employer				
	Mailing Address		Employer Mailing Address				-
	City State	Zip	City	Sta	ate	Zip	-
	Date of Birth Social Secu	Employer Tax I.D. Number					
	Drivers License Number		Drivers License State				-
	nary Beneficiary (ies) e event of my death, pay the balance	se of my 403(b) to:  Social Security	Share	Date of	Spouse	Relationship Son/	Tru
	Name (First, MI, Last)	Number	%	Birth/Trust	•	Daughter	

Please sign on the reverse side of this form.

Salary Reduction Agreement					
Amount of Salary Reduction: \$	per pay period on				
by the Employer to Johnson Mutual Funds. Employee will be responsible to ensure that Employee's exclusion allowance permitted be contributed under limitations contained in be responsible for determining that the salar exceed such exclusion allowance or limitation respect to all amounts paid to the 403(b) plat the entire Agreement with respect to amount	by the amount stated above. The amount of such reduction shall be paid. This amount will be invested as described in item 4 below. The Employer and the it no annual contributions on behalf of any Employee exceed the greater of such under section 403(b) (2) of the Internal Revenue Code or the amount permitted to in Internal Revenue Code section 415 or 402(g), Employer and the Employee shall reproduction contributions pursuant to this Salary Reduction Agreement do not ions. This Salary Reduction Agreement is legally binding and irrevocable with an while this Agreement is in effect; provided, that the Employee may terminate its not paid at the time of termination. This Salary Reduction Agreement shall in taxable year unless a new Salary Reduction Agreement is properly completed prior				
Investment Choices I hereby elect to invest my salary reduction amounts in the following manner:					
Name of Johnson Mutual Funds					
Johnson Disciplined Mid-Cap Fund \$	Johnson Disciplined Small-Cap Fund \$  Johnson Equity Income Fund \$  Johnson International Fund \$				
Total \$ of contri	ibution Total \$ must equal the amount of your salary reduction.				
Signatures  The Employee appoints his or her Employer as Custodian of the 403(b) Retirement Program, acknowledges receipt of this Agreement, and the investment prospectus for the Johnson Mutual Funds, and agrees to the terms and conditions of this Agreement.					
Signature of Employee	Date of Execution				
The Employer hereby agrees to the terms and conditions of the Johnson Funds and certifies that it is an educational institution or a tax-exempt organization as described in section 403(1) (a) of the Internal Revenue Code.					
Authorized Signature of Employer	Date of Execution				
Print Name and Title of Employer Repre	esentative				