

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



For Internal Use
A/C#

## 403(b) SALARY REDUCTION AGREEMENT

**1. Application**

**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 Choices for account # \_\_\_\_\_ (Item 4)

**B. For new accounts with Johnson Funds:** In order to provide for his or her retirement, the Employee named below desires to establish a 403(b) Program so that his or her Employer named below can make salary reduction contributions as elected 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                      State                      Zip
Date of Birth                      Social Security Number	Employer Tax I.D. Number
Drivers License Number	Drivers License State

**2. Primary Beneficiary (ies)**

In the event of my death, pay the balance of my 403(b) to:

Name (First, MI, Last)	Social Security Number	Share %	Date of Birth/Trust	Relationship		
				Spouse	Son/Daughter	Trust
1.						
2.						
3.						
4.						

*Total Must Equal 100% <sup>TM</sup>* **100%**

Please attach additional information regarding your contingent beneficiary(ies) if needed.

**Please sign on the reverse side of this form.**

**(OVER)**

**3. Salary Reduction Agreement**

Amount of Salary Reduction: \$ \_\_\_\_\_ per pay period on \_\_\_\_\_

The salary of the Employee will be reduced by the amount stated above. The amount of such reduction shall be paid by the Employer to Johnson Mutual Funds. This amount will be invested as described in item 4 below. The Employer and the Employee will be responsible to ensure that no annual contributions on behalf of any Employee exceed the greater of such Employee's exclusion allowance permitted under section 403(b) (2) of the Internal Revenue Code or the amount permitted to be contributed under limitations contained in Internal Revenue Code section 415 or 402(g), Employer and the Employee shall be responsible for determining that the salary reduction contributions pursuant to this Salary Reduction Agreement do not exceed such exclusion allowance or limitations. This Salary Reduction Agreement is legally binding and irrevocable with respect to all amounts paid to the 403(b) plan while this Agreement is in effect; provided, that the Employee may terminate the entire Agreement with respect to amounts not paid at the time of termination. This Salary Reduction Agreement shall automatically renew as of January 1 of each taxable year unless a new Salary Reduction Agreement is properly completed prior to any such January 1.

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**4. Investment Choices**

I hereby elect to invest my salary reduction amounts in the following manner:

**Name of Johnson Mutual Funds**

Johnson Growth Fund	\$ _____	Johnson Disciplined Small-Cap Fund	\$ _____
Johnson Disciplined Mid-Cap Fund	\$ _____	Johnson Equity Income Fund	\$ _____
Johnson Realty Fund	\$ _____	Johnson International Fund	\$ _____
Johnson Fixed Income Fund	\$ _____		

Total \$ \_\_\_\_\_ of contribution    **Total \$ must equal the amount of your salary reduction.**

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**5. 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 Representative**

\_\_\_\_\_  
**Johnson Trust Co. /Johnson Mutual Funds**                      **Date of Acceptance**