

**Johnson Mutual Funds Trust**  
**3777 West Fork Road**  
**Cincinnati, OH 45247**  
 513.661.3100 | 800.541.0170  
 513.661.3160 (fax)



For Internal Use

PM
A/C#
JIC A/C#

**IRA APPLICATION**

**Instructions:** Use this form to establish an Individual Retirement Account with Johnson Mutual Funds Trust. Please provide the requested information and complete the enclosed Designation of Beneficiary form. Please read the Custodial Agreement and the Disclosure Form. If you are transferring an existing IRA, a completed IRA Transfer form must accompany this application. If you are rolling over a distribution received from another qualified plan or tax-sheltered annuity contract, a completed IRA Rollover Election form must accompany this application.

**1. Investor Information**

Name _____		Tax ID or SSN _____	
Address _____			
City _____		State _____	Zip Code _____
Home Phone (include area code) _____	Daytime Phone (include area code) _____	Date of Birth _____	
Email Address _____	Driver's License Number _____	Driver's License State _____	

**2. Contribution Information**

New IRA (\$5,500 maximum; maximum for investors over age 50 is \$6,500)  
 20\_\_\_\_ Contribution      Direct IRA transfer from prior custodian

Inherited IRA \_\_\_\_\_  
 Original IRA Owner's Name \_\_\_\_\_      Date of Birth \_\_\_\_\_      Date of Death \_\_\_\_\_

Investor was a direct beneficiary of the retirement assets.      Yes      No

IRA Rollover  
 You maintained constructive receipt of assets from an IRA, Pension/Profit Sharing or other IRA qualified retirement plan distribution for less than sixty (60) days.  
 Direct rollover from an employer retirement plan  
 Direct IRA transfer from prior custodian  
 IRA/SEP (Single Employee Pension) plan; complete a SEP adoption agreement or Form 5305-SEP  
 SIMPLE IRA (Savings Incentive Match Plans for Employees)

**3. Fund Selection**

Please indicate your fund selection below and enter either the dollar amount or percent per fund for your allocation. If you have any questions regarding your allocation, please contact your Portfolio Manager for assistance.

Johnson Growth Fund _____	Johnson Municipal Income Fund _____
Johnson Opportunity Fund _____	Johnson Equity Income Fund _____
Johnson Realty Fund _____	Johnson International Fund _____
Johnson Fixed Income Fund _____	Model Name _____

**4. Optional Wire and Electronic Funds Transfer of Redemption Proceeds**

I hereby authorize and direct Johnson Mutual Funds Trust, their affiliates and agents to act upon my (our) instructions to have redemption proceeds sent to my bank by wire or electronic funds transfer. Attached is a voided check or pre-printed deposit slip from my (our) account. I understand the minimum amount that may be wired is \$1,000.

**5. Systematic Withdrawal Plan**

I elect to receive a periodic payment totaling \$\_\_\_\_\_ as follows.

Johnson Growth Fund _____	Johnson Municipal Income Fund _____
Johnson Opportunity Fund _____	Johnson Equity Income Fund _____
Johnson Realty Fund _____	Johnson International Fund _____
Johnson Fixed Income Fund _____	

ACH – Please send these funds ACH (Automated Clearing House). A voided check is attached. Please redeem shares on:  
1st 5th 15th 24th Send me a check. (The payment should be sent to the name and address authorized in Section 1.)

6. **Optional Automatic Investment Plan** I would like to establish an Automatic Investment Plan on the 5<sup>th</sup>, 15<sup>th</sup> or 24<sup>th</sup> of each month. Attached is a voided check from my (our) account. Please attach an unsigned, voided check and complete this section.

Deduct from my bank account \$ \_\_\_\_\_ on a monthly basis, to be invested in:

Johnson Growth Fund	_____	Johnson Municipal Income Fund	_____
Johnson Opportunity Fund	_____	Johnson Equity Income Fund	_____
Johnson Realty Fund	_____	Johnson International Fund	_____
Johnson Fixed Income Fund	_____		

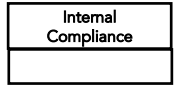
7. **Telephone Privileges** I understand that as a shareholder of the Johnson Mutual Funds Trust, I have telephone redemption and exchange privileges. By using the telephone redemption and exchange privileges, I authorize the Funds and Johnson Financial, Inc. to act upon instructions by telephone to redeem from the account and transfer the proceeds to the address of record or the bank account designate, or effect an exchange into another Fund under the same own name. The Funds and Johnson Financial, Inc. are not liable for following instructions by telephone that they reasonably believe to be genuine. To confirm that the telephone instructions are genuine, please provide your mother's maiden name or other password in order to access your account.

**Mother's Maiden Name or Password:** \_\_\_\_\_

8. **Beneficiary Designations** Please complete the attached IRA Beneficiary Designation form.

9. **Duplicate Statements** Please send a duplicate confirmation statement to:  
\_\_\_\_\_

10. **Grouped Accounts/ Common Mailing** Please group my Johnson Mutual Fund mailing with: \_\_\_\_\_



11. **Signature and Social Security Number or Taxpayer Identification Number** – Note: Failure to report your tax identification number will result in a deduction of \$50 to reimburse the Fund for the penalty the IRS will impose on the Trust.

**Custodial Agreement:** By signing below, I certify that I have received and read thoroughly a copy of the Funds' current prospectus, IRA Disclosure Statement and Custodial Account Agreement, and agree to the terms and fees thereof. I understand that I have full authority and legal capacity for the Organization or myself named below to make this investment and to use the options selected within. I certify that I am eligible for an IRA and I understand that I am responsible for determining my eligibility for all types of contributions and the tax consequences. I appoint the Trust and Johnson Financial, Inc. as my agent to enter orders for shares whether by direct purchase or exchange, to receive dividends and distributions for automatic investment in additional shares of the applicable funds and to surrender for redemption shares held in my account in accordance with any of the options elected above or for payment of service charges incurred by me. I hereby ratify any instrumentalities given pursuant to this application and for myself and my successors and assigns and do hereby release Johnson Investment Counsel, Inc., Johnson Financial, Inc., Johnson Mutual Funds Trust, Johnson Trust Company, and their respective officers, employees, agents, and affiliates from any and all liability in the performance of act instructed therein. I further agree that any agent can cease to act as such upon ten (10) days' notice in writing to me at the address contained in this application.

**USA Patriot Act:** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. I acknowledge that Johnson Mutual Funds Trust and Johnson Financial, Inc. have adopted policies in accordance with requirements of the USA Patriot Act to fight the funding of terrorism and money laundering activities and will take appropriate steps to establish identity required by Federal law. By signing this form, I certify that the information provided is accurate and I acknowledge that Johnson Mutual Funds will use the information to attempt to verify my identity. Johnson Mutual Funds is requesting a copy of the articles of incorporation, partnership document, trust agreement or other similar documents solely for the purpose of allowing us to verify the identity as required by federal law. Johnson Mutual Funds is not assuming any responsibility for monitoring, maintaining, interpreting or enforcing any terms or provisions of those documents. **ALL OWNERS MUST SIGN.**

**Substitute Form W-9:** By signing below, I certify under penalties of perjury that the taxpayer identification number or social security number entered below is correct and that I have not been notified by the IRS that I am subject to back-up withholding unless the following box is checked.

By checking this box, I indicate that I may be subject to back-up withholding.

\_\_\_\_\_  
Signature Date Tax ID or SSN

**Acceptance by Custodian** This application is hereby accepted by the custodian, Johnson Trust Company.

\_\_\_\_\_  
Trust Officer Date