

JOHNSON MUTUAL FUNDS TRUST

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JOHNSON
MUTUAL FUNDS

For Internal Use

PM

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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 _____	Social Security Number _____
Address _____	Date of Birth _____
City/State/Zip Code _____	(_____) _____ Home Phone Number
E-mail Address _____	(_____) _____ Business Phone Number
Drivers License Number _____	Drivers License State _____

2. Type of Account

Please check one box

- New IRA (\$5,000 maximum) Over age 50 the maximum is \$6,000.
- 20 _____ Contribution
- Direct IRA Transfer from prior custodian.
- Beneficiary IRA
- 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 (Simple 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 fund selection below and enter \$ Amount or % Per Fund:

- | | |
|---|---|
| <input type="checkbox"/> Johnson Growth Fund _____ | <input type="checkbox"/> Johnson Municipal Income Fund _____ |
| <input type="checkbox"/> Johnson Disciplined Mid-Cap Fund _____ | <input type="checkbox"/> Johnson Disciplined Small-Cap Fund _____ |
| <input type="checkbox"/> Johnson Realty Fund _____ | <input type="checkbox"/> Johnson Equity Income Fund _____ |
| <input type="checkbox"/> Johnson Fixed Income Fund _____ | <input type="checkbox"/> Johnson International Fund _____ |
- Model Name _____ (If you have any questions regarding your allocation, please contact your Portfolio Manager for assistance).

4. Optional Wire and Electronic Funds Transfer Redemption Proceeds

- I hereby authorize and direct Johnson Mutual Funds Trust, affiliates and agents to act upon my 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 account. I understand the minimum amount that may be wired is \$1,000 and a wire charge of \$10 may be deducted from the redemption proceeds.

5. Systematic Withdrawal Plan

I elect to receive a periodic payment totaling \$ _____ as follows:

A balance of \$10,000 or greater is required. The payment will be sent to the name and address authorized in Section 1.

- | | |
|--|--|
| <input type="checkbox"/> Johnson Growth Fund \$ _____ | <input type="checkbox"/> Johnson Municipal Income Fund \$ _____ |
| <input type="checkbox"/> Johnson Disciplined Mid-Cap Fund \$ _____ | <input type="checkbox"/> Johnson Disciplined Small-Cap Fund \$ _____ |
| <input type="checkbox"/> Johnson Realty Fund \$ _____ | <input type="checkbox"/> Johnson Equity Income Fund \$ _____ |
| <input type="checkbox"/> Johnson Fixed Income Fund \$ _____ | <input type="checkbox"/> Johnson International Fund \$ _____ |

ACH – Please send these funds ACH (Automated Clearing House). Attached is a voided check.

Please redeem shares on:

5th 15th 24th of each month.

Send me a check.

Other _____

6. **Optional Automatic Investment Plan** I would like to establish an Automatic Investment Plan on the 15th of each month. Please deduct \$ _____ from my bank account (\$100 minimum) on a monthly basis and invest in the Fund(s) indicated below. Attached is a voided check from my account.
Please attach an unsigned, voided check and complete this section.

Johnson Growth Fund \$ _____

Johnson Municipal Income Fund \$ _____

Johnson Disciplined Mid-Cap Fund \$ _____

Johnson Disciplined Small-Cap \$ _____

Johnson Realty Fund \$ _____

Johnson Equity Income Fund \$ _____

Johnson Fixed Income Fund \$ _____

Johnson International 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 designated, or effect an exchange into another Fund under the same owner 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 Mutual Fund mailing with: _____

Internal Compliance

11. Acknowledgements:

Custodial Agreement: I hereby establish an IRA and appoint Johnson Trust Company as custodian.

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 each of 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.

U.S.A. 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 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

Social Security Number

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

Trust Officer

Date