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



For Internal Use A/C#

REGISTRATION CHANGE

Regarding Current Accou	nt Number:	Manager:
Regarding Current Accou	nt Name:	
	PLEASE MAI	(E THE FOLLOWING REGISTRATION CHANGES
penalties of perjury that t	PLEASE MAKE THE FOLLOWING REGISTRATION CHANGES W-9: The following certification is required by federal law to avoid a 20% back-up withholding. By signing below, I certify under jury that the taxpayer identification number entered in this form is correct and that I have not been notified by the IRS that I am subject holding unless the following box is checked: By checking this box, I indicate that I may be subject to back-up withholding. By checking this box, I indicate that I may be subject to back-up withholding.	
,		
New Account Name:		
New Account Type:	Individual	Joint Tenant with Rights of Survivorship Trust
New Address/Phone:		
Signatures by Existing Sha	areholders (if an existing shar	eholder is deceased, please enclose a copy of the death certificate):
		Date:
Signatures by Newly Assi	gned Shareholders:	
		Date: