

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



For Internal Use

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ROTH IRA APPLICATION

Instructions: Use this form to establish a Roth Individual Retirement Account with Johnson Mutual Funds Trust. Please provide the requested information and complete the enclosed Designation of Beneficiary form. If you are transferring an existing Roth IRA, a completed IRA Transfer 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 Roth IRA transfer from prior custodian (complete IRA Transfer form)

60-day Roth IRA Rollover from prior custodian (complete IRA Transfer form)

Conversion from Traditional IRA to Roth IRA

Is this a qualified conversion contribution? Yes No

Do you understand and accept the tax consequences for this transaction? Yes No

Direct rollover from an employer retirement plan

If you answered "No" to any of the above questions, please consult your legal counsel or tax adviser before opening a Roth IRA.

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 addressed authorized in Section 1.)

6. **Optional Automatic Investment Plan** I would like to establish an Automatic Investment Plan on the 5th, 15th or 24th 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 Roth 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: _____

Internal Compliance

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 Social Security Number

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

Trust Officer Date