



# ACCOUNT MAINTENANCE REQUEST

For assistance in completing this request, please contact the Northern Funds Center at **800-595-9111** weekdays from 7:00 a.m. to 5:00 p.m. Central time. Please mail your request to: Northern Funds, P.O. Box 75986, Chicago, IL 60675-5986 or fax your request to: **312-557-0411**.

Please print all information.

## 1 CURRENT ACCOUNT INFORMATION

_____ FIRST NAME			_____ MIDDLE INITIAL			_____ LAST NAME		
_____ SOCIAL SECURITY NUMBER				_____ DATE OF BIRTH				
_____ RESIDENTIAL/STREET ADDRESS								
_____ CITY			_____ STATE			_____ ZIP		
_____ ACCOUNT NUMBER					_____ PHONE NUMBER			

INVESTOR SERVICES: **800-595-9111** WEBSITE: [northerntrust.com/funds](http://northerntrust.com/funds)

Please check the appropriate box below and complete the corresponding section. Note that sections designated with an asterisk (\*) require a Medallion Signature Guarantee (Section 12).

- |   |   |
|---|---|
| <input type="checkbox"/> Change of name, address or telephone number* (Section 2) | <input type="checkbox"/> Dividend election (*non-IRA account only) (Section 3)            |
| <input type="checkbox"/> Telephone privileges (Section 4)                         | <input type="checkbox"/> Systematic withdrawal plan* (*non-IRA account only) (Section 5)  |
| <input type="checkbox"/> Add Automatic Investment Plan (Section 6)                | <input type="checkbox"/> Change current Systematic Investment Plan (Section 6)            |
| <input type="checkbox"/> Systematic exchange (Section 7)                          | <input type="checkbox"/> Banking and Wire instructions* (Section 8)                       |
| <input type="checkbox"/> Special payee* (Section 9)                               | <input type="checkbox"/> Update Cost Basis Election* (*non-IRA account only) (Section 10) |

## 2 CHANGE OF NAME, ADDRESS OR TELEPHONE NUMBER

Please check all that apply:  New address  New last name\*  New telephone number

_____ OWNER, CUSTODIAN, ACCOUNT, OR TRUSTEE NAME		
_____ SOCIAL SECURITY NUMBER		_____ DATE OF BIRTH
_____ MAILING ADDRESS		
_____ CITY	_____ STATE	_____ ZIP
_____ RESIDENTIAL/LEGAL ADDRESS (REQUIRED IF DIFFERENT FROM ABOVE OR P.O. BOX)		
_____ CITY	_____ STATE	_____ ZIP
_____ DAYTIME PHONE NUMBER		

**2** CHANGE OF NAME, ADDRESS OR TELEPHONE NUMBER *continued*

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\*Please note: If you are changing your name, a Medallion Signature Guarantee is required (Section 12).

**1.**

PRINT FORMER NAME

PRINT NEW NAME

FORMER NAME SIGNATURE

NEW NAME SIGNATURE

**2.**

PRINT FORMER NAME

PRINT NEW NAME

FORMER NAME SIGNATURE

NEW NAME SIGNATURE

**3** DIVIDEND AND CAPITAL GAIN INSTRUCTIONS

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All **dividends** will be reinvested into additional shares unless otherwise indicated:

- Pay all dividends in cash                       Reinvest all dividends

All **Capital Gains** will be reinvested into additional shares unless otherwise indicated:

- Pay all Capital Gains in cash                       Reinvest all Capital Gains

I request the cash distribution selected above to be:

- Sent to the address of record listed in the registration (Section 1).    **OR**     Sent to the special payee (Section(s) 8 or 9).

**4** TELEPHONE PRIVILEGES

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I (we) authorize and direct Northern Funds and the transfer agent to accept and act upon instructions received by telephone from me (us) for exchange and/or redemption involving this account. Telephone redemption privileges are not available on IRA accounts. If banking information not currently on file, Section 8 must be completed.

- I would like telephone redemption privileges/purchase.  
 I do not want telephone redemption privileges/purchase.

**5** SYSTEMATIC WITHDRAWAL PLAN\*

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(Non-IRA account only.)

Medallion Signature Guarantee may be required (see Section 12). Withdrawals processed on the 15th business day of the month.

Please withdraw the following from my Northern Funds account based on:

**A. FREQUENCY**

- Monthly     Quarterly     Semi-annually     Annually

Start Date \_\_\_\_\_ (If no date is selected, will begin 30 days after receipt of form.)

**B. AMOUNT**

- Fixed dollar amount \$ \_\_\_\_\_  
 Percentage of current account balance \_\_\_\_\_ % (10% free out. % can not be annually)

**C. I REQUEST THE CASH DISTRIBUTION SELECTED ABOVE TO BE**

- Sent to the address of record listed in the registration (Section 1).    **OR**     Sent to the special payee (Sections (8) or 9).

**6** AUTOMATIC INVESTMENT PLAN

I (we) authorize the Northern Funds custodian to debit my (our) bank account for systematic investment into one or more of my fund accounts listed below.

**Note:** If you do not select a day, we will automatically process your investment on the 15th day of the month. If the day of the month you select falls on a weekend or holiday, your investment will be made on the next business day.

Add                       Change existing                       Delete  
 Fund number \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day(s) of month \_\_\_\_\_  
 Fund number \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day(s) of month \_\_\_\_\_  
 Monthly                       Quarterly                       Semi-annually                       Annually  
 Checking Account  
 Savings Account

BANK NAME \_\_\_\_\_ ABA ROUTING NUMBER \_\_\_\_\_  
 BANK ACCOUNT NUMBER \_\_\_\_\_ NAME OF BANK ACCOUNT HOLDER \_\_\_\_\_

**7** SYSTEMATIC EXCHANGE

Add                       Change existing                       Delete  
 Each month, we will systematically exchange the specified amount from one fund to another based upon your instructions.  
 From Fund \_\_\_\_\_ To Fund \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Start date \_\_\_\_\_

This plan involves continuous investment, regardless of share-price levels, and does not assure a profit or protect against a loss in down markets. (Consider your ability to maintain this plan during such times.)

**8** BANKING AND WIRE INSTRUCTIONS\*

A Medallion Signature Guarantee is required (see Section 12).  
 Checking Account                       EFT (Electronic Funds Transfer)  
 Savings Account                       Wire

BANK NAME \_\_\_\_\_  
 BANK ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 BANK WIRE ROUTING NUMBER ABA \_\_\_\_\_ YOUR BANK ACCOUNT NUMBER \_\_\_\_\_  
 NAME OF BANK ACCOUNT HOLDER \_\_\_\_\_

**9** SPECIAL PAYEE\*

A Medallion Signature Guarantee is required (see Section 12).  
 Make checks payable from:     Dividend/Capital Gains Distribution     Systematic Withdrawal plan     Both

Send to:  
 \_\_\_\_\_  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**10** COST BASIS SELECTION

The Internal Revenue Service (IRS) released mandatory cost basis regulations requiring mutual fund companies to report cost basis information to shareholders and to the IRS on mutual fund shares acquired and subsequently redeemed after January 1, 2012 (herein after referred to as "covered shares"). You may wish to consult your tax advisor to determine which method best suits your individual tax situation.

If you wish to select a different method for different funds held in your account, please indicate as such. If you need additional space to indicate your selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

Please note that if you have selected the Average Cost method for existing shares and a redemption has occurred, this method cannot be revoked for these shares. However, a new method can be selected for new shares purchased in this account. Please consult your tax advisor to determine which method is most appropriate for you. Note that Northern Funds is unable to provide tax advice related to specific investments or accounts.

- Average Cost       FIFO—First Shares In First Out       LIFO—Last Shares In First Out
- SID—Specific Identification (A secondary accounting method must also be selected below if the specific lots chosen are no longer available or for systematic withdrawals. If you do not choose a secondary method, First Shares In, First Out will be used.)

**11** SIGNATURE

By signing this form, I authorize Northern Funds, its affiliates and agents to act on any instructions believed to be genuine for any service authorized on this request. I agree that they will not be liable for any resulting loss or expense. All services are subject to conditions set forth in each fund's current prospectus. If you need a signature guarantee, you must sign in front of the banker or broker. All mutual fund account owners must sign.

OWNER'S SIGNATURE	DATE
JOINT OWNER'S SIGNATURE	DATE

I (we) agree that Northern Funds or any of its subsidiaries, affiliates, officers, directors, or employees will not be liable for any losses, claim expense, or cost and agree to indemnify the same from any losses and damages, for acting upon any instructions or inquiries, including telephone redemptions and exchanges, believed genuine. This authorization shall continue until the fund receives notice of modification signed by all amended from time to time. All terms shall be binding upon heirs, representatives and assignees of the account owners. I (we) acknowledge that I (we) understand past performance is not indicative of future returns.

**12** SIGNATURE GUARANTEE

To protect you and Northern Funds against fraud, your signature(s) must be guaranteed or validated by any "eligible" financial institution. Eligible financial institutions include commercial banks, trust companies, saving associates and credit unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. You should verify with the institution that they participate in the Medallion Signature Guarantee Program.

Financial institution: Place Medallion Signature Guarantee stamp here.

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**IMPORTANT INFORMATION**  
**You may obtain a Medallion Signature Guarantee stamp from a participating bank or brokerage firm where you hold an account.**

**Please mail your completed form to:**

**Mailing address:**

Northern Funds  
P.O. Box 75986  
Chicago, IL 60675-5986

**Overnight address:**

Northern Funds  
333 South Wabash Avenue, Dept. W-38  
Chicago, IL 60604