



NEW ACCOUNT APPLICATION

For assistance in completing this application, 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 application to: Northern Funds, P.O. Box 75986, Chicago, IL 60675-5986 or fax your application to: **312-557-0411**.

Please print all information.

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CHOOSE YOUR ACCOUNT TYPE and comp	plete the information for that section.	
For IRAs or Transfer on Death accounts, visit not INDIVIDUAL OR JOINT ACCOUNT	rthernfunds.com or contact the Northern F	Funds Center for the appropriate form.
OWNER'S FIRST NAME	MIDDLE INITIAL	LAST NAME
OWNER'S SOCIAL SECURITY NUMBER (will be used for ta	x reporting) OWNER'S DATE OF BIRTH	MOTHER'S MAIDEN NAME*
JOINT OWNER'S FIRST NAME	MIDDLE INITIAL	LAST NAME
JOINT OWNER'S SOCIAL SECURITY NUMBER	JOINT OWNER'S DATE OF BIRTH	MOTHER'S MAIDEN NAME*
The account will be registered as Joint Tenar	nts with Rights of Survivorship, unless you	indicate otherwise:
*Required to establish online privileges in Section 9.		
GIFT/TRANSFER TO A MINOR (UGMA	A/UTMA) (Please complete a separate appl	lication for each minor.)
CUSTODIAN'S FIRST NAME	MIDDLE INITIAL	LAST NAME
CUSTODIAN'S SOCIAL SECURITY NUMBER	custodian's date of birth	MOTHER'S MAIDEN NAME*
MINOR'S FIRST NAME	MIDDLE INITIAL	LAST NAME
MINOR'S SOCIAL SECURITY NUMBER	MINOR'S DATE OF BIRTH	MOTHER'S MAIDEN NAME*
*Required to establish online privileges in Section 9.		
CORPORATIONS, TRUSTS OR OTHER	ENTITIES	
☐ Corporation, Partnership, or LLC	Corporate retirement plan	☐ ERISA plan
☐ Government Entity	☐ Non-Government Organizatio	on & Charities
NAME OF CORPORATION, TRUST OR ENTITY		
TAX IDENTIFICATION NUMBER	DATE OF TRUST AGREEMENT (FOR	TRUSTS)
NAME OF AUTHORIZED SIGNER/TRUSTEE	TRUSTEE'S SOCIAL SECURITY NUMBER	TRUSTEE'S DATE OF BIRTH MOTHER'S MAIDEN NAME*
NAME OF CO-SIGNER/CO-TRUSTEE	CO-TRUSTEE'S SOCIAL SECURITY NUMBER	R CO-TRUSTEE'S DATE OF BIRTH

^{*}Required to establish online privileges in Section 9.

GRANTOR NAME	
GRANTOR TAX IDENTIFICATION NUMBER	
GRANTOR DATE OF BIRTH	
SETTLOR NAME	
SETTLOR TAX IDENTIFICATION NUMBER	
SETTLOR DATE OF BIRTH	
 Is this a publicly traded company? Yes No If yes, please provide Ticker symbol If yes, please attach other acceptable evidence of authority dated within six months. If no, please attach other acceptable evidence of authority dated within six months, and one or other organizational document, corporate resolution, government-issued business license of this is a trust, please attach the Title, Trustee and Signature pages. Is this a Registered Investment Company? Yes No For corporate accounts, please provide a Form W-9. This form can be obtained by contacting the 800-829-1040, or by visiting the IRS website at www.irs.gov. 	or certificate of good standing. The Internal Revenue Service (IRS) at
Additional documentation is required for legal entities to complete the application process. Ple Regarding Beneficial Owners of Legal Entity Customers form. This form can be found at:	

^{*}The U.S.A. Patriot Act requires that all investors provide a street address for our records. If this information is not provided, there may be a delay in establishing the account.

^{**}Required to establish online privileges in Section 9.

3	ELECT YOUR COST BASIS METHOD FOR YOUR ACCOUNT(S)							
	The default cost basis method is Average Cost. If you do not specify a cost basis reporting method, the to your account(s). If you select the Specific ID method, a secondary method may be selected in Section		DD will be applied					
	FOR MY ACCOUNT(s), I WOULD LIKE:							
	☐ Average Cost (AVCS) ☐ First In, First Out (FIFO) ☐ Specific ID (SPID) ☐ Last In, First Out (LIFO)							
	Average Cost (AVCS) — Uses the FIFO method for selecting the order of individual lots to sell and for a but determines the gain or loss using average cost.	calculating the holding	period of lots sold,					
	First In, First Out (FIFO) — Shares sold or transferred are depleted from the earliest lots until the order	is fulfilled.						
	Specific ID (SPID) — Any lot to be sold can be selected prior to the settlement of the trade.							
	$\textbf{\textit{Last In, First Out}} \; (\texttt{LIFO}) - \texttt{Shares sold or transferred are depleted from the most recent purchased lots}$	until the order is fulfilled	d.					
4	SPECIFIC ID SECONDARY METHOD (optional)							
	If you selected Specific ID for your account(s) and would like to use a secondary method as a standing of you do not provide specific shares at the time of your sale and do not have a secondary method on first Out (FIFO) method.							
		FIRST IN, FIRST OUT (FIFO)	LAST IN, FIRST OUT (LIFO					
	A) One method for all shares in all of my Funds							
	OR							
	B) Different method for each Fund							
	FUND NAME OR NUMBER							
	FUND NAME OR NUMBER							
	FUND NAME OR NUMBER							
	FUND NAME OR NUMBER							
5	NORTHERN TRUST RELATIONSHIP STATUS (Required)							
	OWNER/TRUSTEE/CUSTODIAN							
	Are you a U.S. Citizen? ☐ Yes ☐ No							
	If Resident Alien, please provide country of citizenship:	_						
	Occupation:							
	Source of Funds for Investment:							
	☐ Transfer from, ☐ Personal savings, ☐ Sale of, ☐ Gi	ift,						
	Other (please describe)							
	Source of Wealth:							
	 □ Employment Compensation, □ Family Wealth, □ Sale of Business, □ Inheritance, □ Insurance, □ Other (please describe) 	nce Proceeds,						
	• Do you intend to wire money within the U.S. to or from this Northern Funds account?	_						
	• Do you intend to wire money outside of the U.S. to or from this Northern Funds account? Yes							
	If yes, estimated number of wire transactions per month: Estimated dollar amount							
	JOINT OWNER	ii oi wiie iidiisdellells						
	Are you a U.S. Citizen?							
	If Resident Alien, please provide country of citizenship:	_						
	• Occupation:							

800-829-1040, or by visiting the IRS website at www.irs.gov.

CORPORATIONS, TRUSTS OR OTHER ENTITIES Entity Registration*: ___ (EX. CORPORATION, TRUST, PARTNERSHIP, ETC.) • Entity Type — Check any that apply to this entity (at least one must be selected): Money Service Business — Any institution, other than banks, that offer financial services such as check cashing, currency exchange, sale of money order/travelers checks/stored value and money transmitters, including the U.S. Postal Service. 🔲 Nongovernmental Organization — Private, nonprofit organizations (e.g. Charities, Foundations, Endowments, Professional Associations, Societies/Clubs and Lobbying Groups). ☐ Unregulated Financial Company — Any institution that provides financial services and is not regulated by a State or Federal regulator (e.g. hedge funds, private equity firms). ☐ None of the above/Not Applicable Country of incorporation or inception: ______ If U.S., please provide state: ______ Describe primary business activity: • Source of Funds for Investment: Transfer from _______, Personal savings, Sale of ______, ☐ Gift, ☐ Other (please describe) ___ • Please list shareholders, partners or beneficiaries who control at least 20% of this entity: Do you intend to wire money within the U.S. to or from this Northern Funds account? ☐ Yes ☐ No Do you intend to wire money outside of the U.S. to or from this Northern Funds account? ☐ Yes ☐ No

*For Corporations, please complete and return a W-9 form along with your application. This form can be obtained by contacting the Internal Revenue Service (IRS) at

The minimum investment for a new account is \$2,500, or \$250 if you are establishing an Automatic Investment Plan (see Section 7). Please note that money orders, traveler's checks and third-party checks are not accepted. If transferring from another financial institution, please attach the Funds Transfer Form.

FUND NUMBER	AMOUNT	EQUITY FUNDS	FUND NUMBER	AMOUNT
647		Large Cap Value	632 _	
637		Mid Cap Index	629	
636		Multi-Manager Global Listed Infrastruct	ure 655	
640		Multi-Manager Global Real Estate	646	
665		Northern Engage360™	662	
654		Small Cap Core	663	
602		Small Cap Index	624	
609		Small Cap Value	603	
630		Stock Index	618	
635		U.S. Quality ESG	661	
	647 637 636 640 665 654 602 609 630	647 637 636 640 665 654 602 609 630	Large Cap Value Mid Cap Index Multi-Manager Global Listed Infrastruct Multi-Manager Global Real Estate Morthern Engage360™ Small Cap Core Small Cap Index Small Cap Value Stock Index	647 Large Cap Value 632 637 Mid Cap Index 629 636 Multi-Manager Global Listed Infrastructure 655 640 Multi-Manager Global Real Estate 646 665 Northern Engage360 TM 662 654 Small Cap Core 663 602 Small Cap Index 624 609 Small Cap Value 603 630 Stock Index 618

FIXED INCOME FUNDS F	UND NUMBER	AMOUNT	FIXED INCOME FUNDS	FUND NUMBER	AMOUN
Arizona Tax-Exempt*	622		Tax-Exempt	607	
Bond Index	641		Ultra-Short Fixed Income	648	
California Intermediate Tax-Exempt*	621		U.S. Government	606	
California Tax-Exempt*	623		U.S. Treasury Index	656	
Core Bond	657			_	
Fixed Income	605				
High Yield Fixed Income	627		MONEY MARKET FUNDS	FUND NUMBER	AMOUN
High Yield Municipal	626		U.S. Government Money Market**	613	
Intermediate Tax-Exempt	608		U.S. Government Select Money Mark	ket** 615	
Multi-Manager Emerging Markets					
Debt Opportunity	659		Check here if investor is an emplo	yee of Northern Tr	ust or its
Multi-Manager High Yield Opportunity	650		affiliates. Employee ID	•	
Short Bond	658				
Short-Intermediate Tax-Exempt	643				
Short-Intermediate U.S. Government	620				
Tax-Advantaged Ultra-Short Fixed Incom	e 649 _				

^{*}The Arizona Tax-Exempt, California Intermediate Tax-Exempt and California Tax-Exempt Funds are not available for purchase in all states. Please call 800-595-9111 before investing to determine availability.

^{**}The U.S. Government Money Market and the U.S. Government Select Money Market include an optional check writing privilege.

SELECT YOUR N	ORTHERN FU	NDS continu	ed				
CHOOSE YOUR	INVESTMEN	T METHOD					
Investment will be a Check made pa Wire (call 800-3	yable to North 595-9111 for	instructions)	nt number			*	
*This may be a taxabl Medallion guarantee		rring to new acco	unt owners, please a	ttach instructions signed by	all owners on the e	existing account, w	ith signatures
ESTABLISH AUTO	matic inve	STMENT PLA	NS (Optional)				
After the fund m	inimum of \$25	0 has been m	et, you can invest	CCOUNT (Please provi as little as \$50 each n your automatic investm	nonth from your		
FUND N	AME		AMOUNT	FRI	QUENCY		START DATE
				Se Month	elect One: ly Quarterly ually Annually		(mm/dd/yyyy) noose a start date no later 8th; if no date is selected, the 1st will be used.)
Or government of	DIVIDEND AI	ND CAPITAL (GAIN DISTRIBUT	TIONS :ked. The options you c	hoose will !	ر در الم	optoblished with the
		•		account, address or po			
REINVEST:	Dividends	Short-term Capital Gains	Long-term Capital Gains	☐ CASH:	Dividends	Short-term Capital Gains	Long-term Capital Gains
SEND CASH DIST	RIBUTIONS T	O:					
☐ Another Northe	rn Funds acco	unt					
ACCOUNT NUMBER							
REGISTRATION							
☐ The name/addr							
A different nam		•	☐ A bank c	account by electronic tr	ansfer (Please c	omplete Sectior	10.)
A different nam		•	□ A bank c	account by electronic tr	ansfer (Please c	omplete Sectior	10.)
		•	□ A bank c	account by electronic tr	ansfer (Please c	omplete Sectior	n 10.J

and have it mailed to your ho	exchange between identically registered accounts in the Northern Funds family, or redeem a minimum of \$250 me address or wired to your bank. A \$2,500 minimum applies to new accounts opened by exchange, and a xchanges between existing accounts.
☐ TELEPHONE PRIVILEGE	S
Allows you to make exchar indicate otherwise below:	iges and redemptions by telephone. These privileges will automatically be established on your accounts unless you
☐ I do not want the Teleph	one Exchange Privileges.
☐ I do not want the Teleph	one Redemption Privileges.
The state of the s	nges and redemptions online through Private Passport at northernfunds.com. Private Passport, which is Northern e, provides 24-hour access to your accounts.
To establish Online Privileg	es, you must:
 Provide your mother's m 	aiden name (section 1)
Provide your e-mail add	ress (section 2)
Select Telephone Privileg	e (above)
	thern Funds U.S. Government or U.S. Government Select money market account, you can write checks against you nimum of \$250. Number of signatures required for checkwriting If no indication is made, only on ired.
PROVIDE YOUR BANK INF	
PROVIDE YOUR BANK INF Only complete this section if y (Steps 7, 8 or 9). A preprint	ORMATION Du have asked to have distributions or redemptions sent to, or investments made from, a bank or financial institution ed, voided check is required.
PROVIDE YOUR BANK INF Only complete this section if y (Steps 7, 8 or 9). A preprint NAME ON BANK ACCOUNT BANK NAME ACCOUNT NUMBER	ORMATION Du have asked to have distributions or redemptions sent to, or investments made from, a bank or financial institution ed, voided check is required. BANK ADDRESS ROUTING NUMBER Savings Account
PROVIDE YOUR BANK INF Only complete this section if y (Steps 7, 8 or 9). A preprint NAME ON BANK ACCOUNT BANK NAME ACCOUNT NUMBER Checking Account	ORMATION Du have asked to have distributions or redemptions sent to, or investments made from, a bank or financial institution ed, voided check is required. BANK ADDRESS ROUTING NUMBER Savings Account CATION OPTIONS
Only complete this section if y (Steps 7, 8 or 9). A preprint NAME ON BANK ACCOUNT BANK NAME ACCOUNT NUMBER Checking Account REVIEW YOUR COMMUNIT To reduce the amount of maili reports, proxy statements and all statements for accounts with	ORMATION Du have asked to have distributions or redemptions sent to, or investments made from, a bank or financial institution ed, voided check is required. BANK ADDRESS ROUTING NUMBER Savings Account CATION OPTIONS 35 Ings to my address, I consent to a) the delivery of one copy of all materials, including prospectuses, financial information statements to all investors who share the same mailing address and b) the delivery in one envelope of
Only complete this section if y (Steps 7, 8 or 9). A preprint NAME ON BANK ACCOUNT BANK NAME ACCOUNT NUMBER Checking Account REVIEW YOUR COMMUNIT To reduce the amount of maili reports, proxy statements and all statements for accounts with	DORMATION Du have asked to have distributions or redemptions sent to, or investments made from, a bank or financial institution ed, voided check is required. BANK ADDRESS ROUTING NUMBER Savings Account CATION OPTIONS 15 Ings to my address, I consent to a) the delivery of one copy of all materials, including prospectuses, financial information statements to all investors who share the same mailing address and b) the delivery in one envelope of the the same Social Security number. This consent will become effective when my account is opened and will continu Northern Funds. If you do not want your mailings consolidated, please check this box:
PROVIDE YOUR BANK INF Only complete this section if y (Steps 7, 8 or 9). A preprint NAME ON BANK ACCOUNT BANK NAME ACCOUNT NUMBER Checking Account REVIEW YOUR COMMUNIT CONSOLIDATED MAILING To reduce the amount of maili reports, proxy statements and all statements for accounts with until I revoke it by contacting.	DORMATION Du have asked to have distributions or redemptions sent to, or investments made from, a bank or financial institution ed, voided check is required. BANK ADDRESS ROUTING NUMBER Savings Account CATION OPTIONS 15 Ings to my address, I consent to a) the delivery of one copy of all materials, including prospectuses, financial information statements to all investors who share the same mailing address and b) the delivery in one envelope of the the same Social Security number. This consent will become effective when my account is opened and will continual Northern Funds. If you do not want your mailings consolidated, please check this box:
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9 SELECT YOUR EXCHANGE, REDEMPTION AND CHECKWRITING PRIVILEGES

CITY / STATE / ZIP

PROTECTING YOUR PRIVACY

Protecting your privacy is important at Northern Funds, which is why we wanted you to know:

- · We do not sell non-public personal information about our investors or former investors to any outside company.
- · We have policies that limit access to your information to only those people who need it to perform their jobs and provide services to you, and we have physical, electronic and procedural safeguards that comply with federal standards to guard your personal information.
- · We collect information about you from applications, forms, conversations and your use of our website; third parties with your permission; and your transactions with us, our affiliates and our joint marketing partners.
- · We do not disclose the information we collect about our investors or former investors to anyone, except to companies that perform services for us, affiliates with whom we have joint marketing agreements such as Northern Trust, (1) for our everyday purposes, such as to process transactions, maintain accounts, respond to court orders and legal investigations or report to credit bureaus or (2) as permitted by law.
- The information includes account balances and account history. You may limit our use or sharing of information about you with our affiliates and joint marketing partners for marketing purposes by calling 800-595-9111 weekdays from 7:00 a.m. to 5:00 p.m., Central time, or by writing to us at Northern Funds, P.O. Box 75986, Chicago IL 60675-5986.

If our information sharing practices change, we will send you a revised notice. You can also visit our website, northerntrust.com/funds, for an online version of our current privacy notice.

NOTE: UPON COMPLETION OF YOUR APPLICATION

REMEMBER TO INCLUDE:

Processing may be delayed if any of the following are missing.

- ✓ Social Security number or Tax ID number
- ✓ Street address
- √ Signature(s) and date in Section 13
- ✓ Section 5 completed
- ✓ Date of birth
- ✓ A voided check or savings deposit slip—if applicable
- ✓ A check for your initial investment made payable to "Northern Funds"

REQUIRED DOCUMENTATION FOR YOUR ACCOUNT TYPE:

TRANSFER ON DEATH BENEFICIARY If you are interested in establishing a Transfer on Death Beneficiary, complete the Northern Funds Transfer on Death form and return it with this application. This form can be downloaded at **northernfunds.com**.

POWER OF ATTORNEY If you are establishing this account under your authority as a Power of Attorney/Attorney in Fact, complete the Northern Trading Authorization form and return it with this application. This form can be downloaded at **northernfunds.com**.

TRUST ACCOUNT If you are establishing a Trust Account, please attach the Title, Trustee and Signature pages.

ESTATE For an estate account, you must include a copy of the letters testamentary or other official documentation certified within 60 days.

ORGANIZATION For an organization account, please attach Articles of Incorporation, Corporate Resolution, or other document listed on Page 1 of the Application.

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS This form can be downloaded at: https://www.northerntrust.com/nf-forms

13 SIGN YOUR NAME

All account owners or trustees must sign below. For UGMA/UTMA accounts, the custodian must sign. Please sign exactly as your name appears in Section 1.

- I have received and read the current summary prospectus or prospectus for the Funds being invested in. I agree to be bound by all terms, conditions and account features selected in any and all parts of this application and the applicable Fund prospectus, as amended from time to time.
- I understand that I can lose money by investing in the Money Market Funds. Although each of the Money Market Funds seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. The Funds' sponsor has no legal obligation to provide financial support to the Funds, and you should not expect that the sponsor will provide financial support in the Funds at any time.
- The Money Market Fund and the Municipal Money Market Fund may impose a fee upon the sale of your shares or may temporarily suspend your ability to sell shares if the Fund's liquidity falls below required minimums because of market conditions or other factors.
- An investment in a Fund is not a deposit of a bank and is not insured or guaranteed by the Federal Deposit Insurance Corporation ("FDIC"), any other government agency, or The Northern Trust Company, its affiliates, subsidiaries or any other bank.
- The Northern Trust Company and/or its affiliates provide investment advisory and other services to the Northern Funds and receive fees for such services.
- Federal law requires Northern Funds to obtain, verify and record identifying information, which may include the name, residential or business street address, taxpayer identification number or other identifying information, for each investor who opens an account with Northern Funds. Applications without the required information, or without an indication that a taxpayer identification number has been applied for, may not be accepted. After acceptance, Northern Funds reserve the right to (1) place limits on transactions in any account until the identity of the investor is verified; or (2) refuse an investment in Northern Funds; or (3) redeem shares and close an account in the event that an investor's identity is not verified. Northern Funds and its agents will not be responsible for any loss in an investor's account resulting from the investor's delay in providing all required identifying information or from restricting transactions or closing an account when an investor's identity is not verified.
- Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien). (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.) The IRS does not require your consent to any provision on this application other than the certification required to avoid backup witholding.
- For Corporations, Trusts, or Other Entities, Northern Funds may, without inquiry, act only upon the instructions (whether oral, written, or provided by wire, telecommunications, or any other process) of any Persons purporting to be an authorized person as named in the Corporate Resolution, or other acceptable document evidencing authority which was last received by Northern Funds. Northern Funds shall not be liable for any claims, expenses (including legal fees), or losses resulting from Northern Funds having acted upon any instruction reasonably believed genuine.
- If the Transfer Agent cannot locate the investor, the investor's account may be deemed legally abandoned and then escheated (transferred) to the appropriate state's unclaimed property administrator in accordance with statutory requirements.
- I affirmatively elect into the cost basis election indicated in Section 3, and not the defaulted cost basis method of the Fund(s).

SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE
OWNER'S SIGNATURE	PRINTED NAME	DATE

MAIL COMPLETED APPLICATION TO:

STANDARD MAIL OVERNIGHT DELIVERY

Northern Funds Northern Funds

P.O. Box 75986 333 South Wabash Avenue

Chicago, IL 60675-5986 Dept. W-38

Chicago, IL 60604