



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.

1 CHOOSE YOUR ACCOUNT TYPE *and complete the information for that section.*

For IRAs or Transfer on Death accounts, visit northernfunds.com or contact the Northern Funds Center for the appropriate form.

INDIVIDUAL OR JOINT ACCOUNT

OWNER'S FIRST NAME	MIDDLE INITIAL	LAST NAME
OWNER'S SOCIAL SECURITY NUMBER <i>(will be used for tax reporting)</i>	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 Tenants with Rights of Survivorship, unless you indicate otherwise: _____

**Required to establish online privileges in Section 9.*

GIFT/TRANSFER TO A MINOR (UGMA/UTMA) *(Please complete a separate application 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

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Corporation, Partnership, or LLC | <input type="checkbox"/> Corporate retirement plan | <input type="checkbox"/> ERISA plan |
| <input type="checkbox"/> Government Entity | <input type="checkbox"/> Non-Government Organization & Charities | <input type="checkbox"/> Trust |

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	CO-TRUSTEE'S DATE OF BIRTH	

**Required to establish online privileges in Section 9.*

1 CHOOSE YOUR ACCOUNT TYPE *continued*

If entity type is a trust and the grantor or settlor of the trust is different than the trustee, please complete the following:

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 of the following: articles of incorporation or other organizational document, corporate resolution, government-issued business license or certificate of good standing.

If 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 Internal Revenue Service (IRS) at 800-829-1040, or by visiting the IRS website at www.irs.gov.

Additional documentation is required for legal entities to complete the application process. Please complete and attach a Certification Regarding Beneficial Owners of Legal Entity Customers form. This form can be found at: <https://www.northerntrust.com/nf-forms>

2 PROVIDE YOUR ADDRESS*

Please provide a street address for the account owner (military personnel may provide an APO or FPO). All account-related materials, including statements, will be sent to this address unless a mailing address is provided below. For joint tenant or custodial accounts, provide the joint owner's or minor's address below.

RESIDENTIAL / STREET ADDRESS

RESIDENTIAL / STREET ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER (DAYTIME)

TELEPHONE NUMBER (EVENING)

E-MAIL ADDRESS**

Check here if business address

Check here if address of family member

ACCOUNT MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL/STREET ADDRESS

ADDRESS

ADDRESS

CITY / STATE / ZIP

ADDRESS OF JOINT OWNERS/CO-TRUSTEES/MINORS IF DIFFERENT FROM PRIMARY OWNER'S ADDRESS

NAME OF JOINT OWNER OR MINOR

STREET ADDRESS

STREET ADDRESS

CITY / STATE / ZIP

E-MAIL ADDRESS

*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 FUND DEFAULT METHOD will be applied to your account(s). If you select the Specific ID method, a secondary method may be selected in Section 4.

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 calculating the holding period of lots sold, but determines the gain or loss using average cost.

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.

Last In, First Out (LIFO) — Shares sold or transferred are depleted from the most recent purchased lots until the order is fulfilled.

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 order, please indicate that method below. If you do not provide specific shares at the time of your sale and do not have a secondary method on file, we will sell shares using the First In, 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	<input type="checkbox"/>	<input type="checkbox"/>
OR		
B) Different method for each Fund		
_____	<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME OR NUMBER		
_____	<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME OR NUMBER		
_____	<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME OR NUMBER		
_____	<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME OR NUMBER		

5 NORTHERN TRUST RELATIONSHIP STATUS *(Please complete all sections)*

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 _____, Gift, Other (please describe) _____

Source of Wealth:

Employment Compensation, Family Wealth, Sale of Business, Inheritance, Insurance Proceeds, Other (please describe) _____

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

If yes, estimated number of wire transactions per month: _____ Estimated dollar amount of wire transactions: _____

JOINT OWNER

Are you a U.S. Citizen? Yes No If Resident Alien, please provide country of citizenship: _____

Occupation: _____

Section 5 continued onto page 4

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

6 SELECT YOUR NORTHERN FUNDS

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.

EQUITY FUNDS			EQUITY FUNDS		
	FUND NUMBER	AMOUNT		FUND NUMBER	AMOUNT
Active M Emerging Markets Equity	647	_____	Large Cap Value	632	_____
Active M International Equity	637	_____	Mid Cap Index	629	_____
Active M U.S. Equity	660	_____	Multi-Manager Global Listed Infrastructure	655	_____
Emerging Markets Equity Index	636	_____	Multi-Manager Global Real Estate	646	_____
Global Real Estate Index	640	_____	Northern Engage360™	662	_____
Global Sustainability Index	644	_____	Small Cap Core	628	_____
Global Tactical Asset Allocation	654	_____	Small Cap Index	624	_____
Income Equity	602	_____	Small Cap Value	603	_____
International Equity	609	_____	Stock Index	618	_____
International Equity Index	630	_____	U.S. Quality ESG	661	_____
Large Cap Core	635	_____			_____

FIXED INCOME FUNDS			FIXED INCOME FUNDS		
	FUND NUMBER	AMOUNT		FUND NUMBER	AMOUNT
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	_____			_____
High Yield Municipal	626	_____			_____
Intermediate Tax-Exempt	608	_____			_____
Multi-Manager Emerging Markets					
Debt Opportunity	659	_____			
Multi-Manager High Yield Opportunity	650	_____			
Short Bond	658	_____			
Short-Intermediate Tax-Exempt	643	_____			
Short-Intermediate U.S. Government	620	_____			
Tax-Advantaged Ultra-Short Fixed Income	649	_____			

MONEY MARKET FUNDS		
	FUND NUMBER	AMOUNT
Money Market	611	_____
Municipal Money Market	612	_____
U.S. Government Money Market	613	_____
U.S. Government Select Money Market	615	_____

Check here if investor is an employee of Northern Trust or its affiliates. Employee ID _____

*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.

6 SELECT YOUR NORTHERN FUNDS *continued*

CHOOSE YOUR INVESTMENT METHOD

Investment will be made by:

- Check made payable to Northern Funds
- Wire (call 800-595-9111 for instructions)
- Transfer from existing Northern Funds account number _____*

**This may be a taxable event. If transferring to new account owners, please attach instructions signed by all owners on the existing account, with signatures Medallion guaranteed.*

7 ESTABLISH AUTOMATIC INVESTMENT PLANS *(Optional)*

DIRECT DEPOSIT INTO YOUR NORTHERN FUNDS ACCOUNT *(Please provide your bank information in Section 10.)*

After the fund minimum of \$250 has been met, you can invest as little as \$50 each month from your bank account into your Northern Funds account. Please provide the following information to establish your automatic investment plan.

FUND NAME	AMOUNT	FREQUENCY	START DATE
_____	_____	Select One: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	(mm/dd/yyyy) (Please choose a start date no later than the 28th; if no date is selected, the 1st will be used.)
_____	_____	_____	_____

Automatic investment plans can be established for multiple Northern Funds accounts as well as from multiple bank accounts. To establish additional automatic investment plans, please see the Automatic Investment Plan form available on northerntrust.com/funds.

PAYROLL OR GOVERNMENT DIRECT DEPOSIT

Complete this application and call the Northern Funds Center at **800-595-9111** for additional information on direct depositing a payroll or government check, including Social Security checks.

8 CHOOSE YOUR DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

Your distributions will be automatically reinvested if no box is checked. The options you choose will apply to all accounts established with this application. If you'd like to have your distributions sent to another account, address or payee, please indicate below where to send the distributions.

- | | | | | | | | |
|---|---------------------------------------|---|--|---------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> REINVEST: | Dividends
<input type="checkbox"/> | Short-term
Capital Gains
<input type="checkbox"/> | Long-term
Capital Gains
<input type="checkbox"/> | <input type="checkbox"/> CASH: | Dividends
<input type="checkbox"/> | Short-term
Capital Gains
<input type="checkbox"/> | Long-term
Capital Gains
<input type="checkbox"/> |
|---|---------------------------------------|---|--|---------------------------------------|---------------------------------------|---|--|

SEND CASH DISTRIBUTIONS TO:

- Another Northern Funds account

ACCOUNT NUMBER

REGISTRATION

- The name/address on the account by check A bank account by electronic transfer *(Please complete Section 10.)*
- A different name and/or address by check

NAME

STREET, APT./UNIT

CITY / STATE / ZIP

9 SELECT YOUR EXCHANGE, REDEMPTION AND CHECKWRITING PRIVILEGES

With these privileges, you can exchange between identically registered accounts in the Northern Funds family, or redeem a minimum of \$250 and have it mailed to your home address or wired to your bank. A \$2,500 minimum applies to new accounts opened by exchange, and a \$1,000 minimum applies to exchanges between existing accounts.

TELEPHONE PRIVILEGES

Allows you to make exchanges and redemptions by telephone. These privileges will automatically be established on your accounts unless you indicate otherwise below:

- I do not want the Telephone Exchange Privileges.
- I do not want the Telephone Redemption Privileges.

ONLINE PRIVILEGES

Allows you to make exchanges and redemptions online through Private Passport at northernfunds.com. Private Passport, which is Northern Trust's secure online website, provides 24-hour access to your accounts.

To establish Online Privileges, you must:

- Provide your mother's maiden name (section 1)
- Provide your e-mail address (section 2)
- Select Telephone Privilege (above)

CHECKWRITING

If you've invested in a Northern Funds U.S. Government or U.S. Government Select money market account, you can write checks against your available balance for a minimum of \$250. Number of signatures required for checkwriting _____. **If no indication is made, only one signature will be required.**

10 PROVIDE YOUR BANK INFORMATION

Only complete this section if you have asked to have distributions or redemptions sent to, or investments made from, a bank or financial institution (Sections 7, 8 or 9). **Please attach a preprinted, voided check.**

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

- Checking Account Savings Account

11 REVIEW YOUR COMMUNICATION OPTIONS

CONSOLIDATED MAILINGS

To reduce the amount of mailings to my address, I consent to a) the delivery of one copy of all materials, including prospectuses, financial reports, proxy statements and information statements to all investors who share the same mailing address and b) the delivery in one envelope of all statements for accounts with the same Social Security number. This consent will become effective when my account is opened and will continue until I revoke it by contacting Northern Funds. If you do **not** want your mailings consolidated, please check this box:

ADDITIONAL STATEMENTS

If you would like us to send duplicate statements of your account to someone else, please provide the following information:

NAME

ADDRESS

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.

12 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>

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 withholding.**
- 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

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

OVERNIGHT DELIVERY

Northern Funds
801 South Canal St., Dept C5-S
Chicago, IL 60607