



Managed by
Northern Trust

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 7:00 p.m. Central time. Please mail your application to: Northern Funds, P.O. Box 75986, Chicago, IL 60675-5986.

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 (WILL BE USED FOR TAX 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 Tenants with Rights of Survivorship, unless you indicate otherwise: _____

*Required to establish online privileges in Step 7.

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 Step 7.

CORPORATION, TRUST OR OTHER ENTITY

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

Is this a publicly traded company? Yes No

If yes, please attach a corporate resolution, Northern Funds certification form or other evidence of authority, dated within six months.

If no, please attach a corporate resolution, Northern Funds certification form or other evidence of authority, dated within six months, **and** one of the following: articles of incorporation or other organizational document, government-issued business license or certificate of good standing.

If this is a trust, please attach the Northern Funds certification form dated within six months.

*Required to establish online privileges in Step 7.

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 on the following page.

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

TAX RESIDENCY

- U.S. Citizen
 Resident Alien
country of citizenship: _____

ACCOUNT MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL/STREET ADDRESS

ADDRESS

ADDRESS

CITY / STATE / ZIP

ADDRESS OF JOINT OWNERS/CO-TRUSTEES/MINORS

NAME OF JOINT OWNER OR MINOR

STREET ADDRESS

STREET ADDRESS

CITY / STATE / ZIP

*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 Step 7.

3 NORTHERN TRUST RELATIONSHIP STATUS

OWNER

Existing client of Northern Trust? Yes No Year relationship was established: _____

Nature of Northern Trust relationship (please identify one):

(EX: BANKING, CREDIT, TRUST, ETC.)

ACCOUNT NUMBER

If you are not an existing client of Northern Trust, please complete the information below:

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

Source of money for investment: _____

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

Existing client of Northern Trust? Yes No Year relationship was established: _____

Nature of Northern Trust relationship (please identify one):

(EX: BANKING, CREDIT, TRUST, ETC.)

ACCOUNT NUMBER

If you are not an existing client of Northern Trust, please complete the information below:

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

CORPORATIONS, TRUSTS, OR OTHER ENTITIES

Existing client of Northern Trust? Yes No Year relationship was established: _____

Nature of Northern Trust relationship (please identify one):

(EX: BANKING, CREDIT, TRUST, ETC.)

ACCOUNT NUMBER

If you are not an existing client of Northern Trust, please complete the information below:

Type of entity: _____
(EX. CORPORATION, TRUST, PARTNERSHIP, ETC.)

Country of incorporation or inception: _____ If U.S., please provide state: _____

Describe primary business: _____

Please list shareholders, partners or beneficiaries who control at least 20% of this entity:

Source of money for investment: _____

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: _____

4 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 Step 5). 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			FIXED INCOME FUNDS		
FUND NUMBER	AMOUNT		FUND NUMBER	AMOUNT	
Emerging Markets Equity	636	_____	Arizona Tax-Exempt*	622	_____
Enhanced Large Cap	635	_____	Bond Index	641	_____
Global Real Estate Index	640	_____	California Intermediate Tax-Exempt*	621	_____
Global Sustainability Index	644	_____	California Tax-Exempt*	623	_____
Growth Equity	601	_____	Fixed Income	605	_____
Income Equity	602	_____	Global Fixed Income	610	_____
International Equity Index	630	_____	High Yield Fixed Income	627	_____
International Growth Equity	609	_____	High Yield Municipal	626	_____
Large Cap Value	632	_____	Intermediate Tax-Exempt	608	_____
Mid Cap Growth	625	_____	Short-Intermediate Tax-Exempt	643	_____
Mid Cap Index	629	_____	Short-Intermediate U.S. Government	620	_____
Multi-Manager International Equity	637	_____	Tax-Exempt	607	_____
Multi-Manager Large Cap	642	_____	U.S. Government	606	_____
Multi-Manager Mid Cap	638	_____			
Multi-Manager Small Cap	639	_____			
Select Equity	604	_____			
Small Cap Growth	628	_____			
Small Cap Index	624	_____			
Small Cap Value	603	_____			
Stock Index	618	_____			
Technology	617	_____			

MONEY MARKET FUNDS		
FUND NUMBER	AMOUNT	
California Municipal Money Market*	616	_____
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 California Municipal Money Market, 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.

4 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 _____*
- Transfer from existing Northern Trust bank account number _____
Routing Number _____
Internal Use: Debit _____ G/L

*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.

5 ESTABLISH AUTOMATIC INVESTMENT PLANS *(Optional)*

DIRECT DEPOSIT INTO YOUR NORTHERN FUNDS ACCOUNT *(Please provide your bank information in Step 8.)*

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	(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 **northernfunds.com**.

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.

6 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.

	Dividends	Short-term Capital Gains	Long-term Capital Gains
<input type="checkbox"/> REINVEST:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CASH:	<input type="checkbox"/>	<input type="checkbox"/>	<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 Step 8.)*
- A different name and/or address by check

NAME _____

STREET, APT./UNIT _____

CITY / STATE / ZIP _____

7 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 Web site, provides 24-hour access to your accounts.

To establish Online Privileges, you must provide your mother's maiden name and your e-mail address in Step 1 and select Telephone Privileges above.

CHECKWRITING

If you've invested in a Northern Funds 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.**

8 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 (Steps 5, 6 or 7). **Please attach a preprinted voided check.**

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

Checking Account Savings Account

9 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 Web site; 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, financial institutions with whom we have joint marketing agreements such as Northern Trust, and as otherwise permitted by law.
- You may direct us not to share 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 7:00 p.m. Central time, by writing to us at Northern Funds, P.O. Box 75986, Chicago IL 60675-5986 or by checking this box:

If our information sharing practices change, we will send you a revised notice. You can also visit our Web site, northernfunds.com, for an online version of our current privacy notice.

10 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 Step 1.

- I am of legal age and have received and read the current prospectus for the Funds I am investing in.
- I understand that shares of Northern Funds are not insured or guaranteed by the FDIC or any other governmental agency, and are not bank deposits or obligations of or guaranteed by The Northern Trust Company, its parent company or its affiliates and involve investment risk, including loss of principal. Although money market funds seek to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in these funds.
- 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.**

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

FOR INTERNAL USE ONLY

REPRESENTATIVE'S SIGNATURE	PRINTED NAME	DATE
EMPLOYEE ID	BANK LOCATION	DEPT./DIVISION
		PHONE NUMBER

PLEASE ATTACH AN INVESTOR PROFILE.