



ROTH IRA 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 PROVIDE YOUR INVESTOR INFORMATION

FIRST NAME MIDDLE INITIAL LAST NAME

SOCIAL SECURITY NUMBER DATE OF BIRTH MOTHER'S MAIDEN NAME**

RESIDENTIAL/STREET ADDRESS*

CITY/STATE/ZIP

TELEPHONE NUMBER (DAYTIME) TELEPHONE NUMBER (EVENING)

E-MAIL ADDRESS**

TAX RESIDENCY

U.S. CITIZEN RESIDENT RESIDENT ALIEN

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

*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.

2 NORTHERN TRUST RELATIONSHIP STATUS

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: _____

3 DESIGNATE YOUR BENEFICIARY

Upon my death, the beneficiary of my Roth IRA shall be:

PRIMARY BENEFICIARY

NAME _____
 RELATIONSHIP _____ DATE OF BIRTH _____
 SOCIAL SECURITY NUMBER _____

CONTINGENT BENEFICIARY (if Primary Beneficiary is not living at my death)

NAME _____
 RELATIONSHIP _____ DATE OF BIRTH _____
 SOCIAL SECURITY NUMBER _____

If additional beneficiaries are desired, please attach a separate sheet listing names, relationships and birthdates.

4 CHOOSE YOUR IRA TYPE

- Roth IRA contribution for tax year _____
- Conversion from a Traditional IRA (attach the Traditional IRA Rollover/Transfer Form if converting from another financial institution)
- Transfer directly from another Roth IRA custodian. Roth IRA original establishment date _____. (attach Roth IRA Rollover/Transfer Form)
- Rollover from a previous IRA custodian in which you took receipt of the assets
- Beneficiary transfer of ownership (Provide Decedent's Name _____)

| CONTRIBUTION LIMITS | | |
|---------------------|------------------|------------------|
| Year | Age 49 and Below | Age 50 and Above |
| 2008-2010 | \$5,000 | \$6,000 |

5 SELECT YOUR NORTHERN FUNDS

The minimum investment for a new Roth IRA account is \$500*, or \$250** if you are establishing an Automatic Investment Plan (see Step 6). Make your check payable to Northern Funds. Please note that money orders, traveler's checks and third-party checks are not accepted.

| EQUITY FUNDS | FUND NUMBER | AMOUNT | FIXED INCOME FUNDS | FUND NUMBER | AMOUNT |
|------------------------------------|-------------|--------|---|-------------|--------|
| Emerging Markets Equity | 636 | _____ | Bond Index | 641 | _____ |
| Enhanced Large Cap | 635 | _____ | Fixed Income | 605 | _____ |
| Global Real Estate Index | 640 | _____ | Global Fixed Income | 610 | _____ |
| Global Sustainability Index | 644 | _____ | High Yield Fixed Income | 627 | _____ |
| Growth Equity | 601 | _____ | Multi-Manager High Yield Opportunity | 650 | _____ |
| Income Equity | 602 | _____ | Short-Intermediate U.S. Government | 620 | _____ |
| International Equity Index | 630 | _____ | Tax-Advantaged Ultra-Short Fixed Income | 649 | _____ |
| International Growth Equity | 609 | _____ | Ultra-Short Fixed Income | 648 | _____ |
| Large Cap Value | 632 | _____ | U.S. Government | 606 | _____ |
| Mid Cap Growth | 625 | _____ | | | |
| Mid Cap Index | 629 | _____ | | | |
| Multi-Manager Emerging Markets | 647 | _____ | | | |
| Multi-Manager Global Real Estate | 646 | _____ | | | |
| Multi-Manager International Equity | 637 | _____ | | | |
| Multi-Manager Large Cap | 642 | _____ | | | |
| 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 |
|--|-------------------------------------|-------------|--------|
| | Money Market | 611 | _____ |
| | 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 _____

*For Tax-Advantaged Ultra-Short Fixed Income and Ultra-Short Fixed Income, the minimum investment amount is \$2,500.

**For Tax-Advantaged Ultra-Short Fixed Income and Ultra-Short Fixed Income, the minimum initial investment is \$1,000,000 if you are establishing an Automatic Investment Plan.

5 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.*

6 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**.

7 SELECT YOUR EXCHANGE PRIVILEGES

With these privileges, you can exchange between identically registered accounts in the Northern Funds family. A \$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 by telephone. These privileges will automatically be established on your accounts unless you indicate otherwise below:

- I do not want the Telephone Exchange Privileges.

ONLINE PRIVILEGES

Allows you to make exchanges 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.

8 PROVIDE YOUR BANK INFORMATION

Only complete this section if you have asked to have investments made from a bank or financial institution (Step 6). **Make sure you attach a preprinted voided check.**

NAME ON BANK ACCOUNT _____

BANK NAME _____ BANK ADDRESS _____

ACCOUNT NUMBER _____ ROUTING NUMBER _____

- Checking Account Savings Account

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:

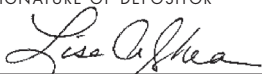
If our information sharing practices change, we will send you a revised notice. You can also visit our Web site, northernfunds.com, for an online version of our current privacy notice.

10 SIGN YOUR NAME

All account owners or trustees must sign below. 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.**
- I adopt the Northern Funds IRA, appointing The Northern Trust Company to act as Custodian, and to perform administrative services. I have received and read and understand the IRA Custodial Agreement and Disclosure Statement. I understand that the Custodian may charge fees to which reference is made in the Disclosure Statement and they may be separately billed or collected by redeeming sufficient shares from each portfolio account balance. I will supply the IRS with information as to any taxable year required, unless filed by the Custodian.

I have read, and I accept and incorporate the Custodial Agreement herein, by reference. I appoint The Northern Trust Company, or its successors, as Custodian of the accounts. I may revoke this IRA at any time.

| | | |
|---|---------------------------|------|
| SIGNATURE OF DEPOSITOR  | PRINTED NAME Lisa Shea | DATE |
| THE NORTHERN TRUST COMPANY AUTHORIZED SIGNATURE | PRINTED NAME | |

Appointment of Custodian Accepted: THE NORTHERN TRUST COMPANY

FOR INTERNAL USE ONLY

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

PLEASE ATTACH AN INVESTOR PROFILE.

FAX FOLLOW-UP