



# TRADING AUTHORIZATION

For assistance in completing this form, 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 form to: Northern Funds, P.O. Box 75986, Chicago, IL 60675-5986.

Please print all information.

## 1 PROVIDE YOUR INVESTOR INFORMATION

OWNER'S FIRST NAME	MIDDLE INITIAL	LAST NAME
OWNER'S SOCIAL SECURITY NUMBER		
JOINT OWNER'S FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY/STATE/ZIP		
TELEPHONE NUMBER (DAYTIME)	TELEPHONE NUMBER (EVENING)	
E-MAIL ADDRESS		

## 2 APPOINT AUTHORIZED TRADER

I authorize \_\_\_\_\_ as my Agent and Attorney in Fact to purchase, redeem or exchange shares of Northern Funds in accordance with the Northern Funds prospectus. I agree to indemnify and hold Northern Funds harmless from, and to pay Northern Funds promptly on demand, any and all losses or debit balances due.

AUTHORIZED TRADER SIGNATURE	PRINTED NAME	DATE
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This Trading Authorization applies to the following Northern Funds accounts:

FUND NAME	ACCOUNT NUMBER
FUND NAME	ACCOUNT NUMBER
FUND NAME	ACCOUNT NUMBER

## 3 CHOOSE LEVEL OF TRADING AUTHORIZATION GRANTED

I GRANT: *(choose one)*

**FULL TRADING**

I authorize Northern Funds to follow the instructions of the Agent in every aspect concerning my Northern Funds account, and make deliveries of securities and payment of money to the Agent or as the Agent may order and direct. The Agent is authorized to act on my behalf in the same manner and effect as I might or could do.

**LIMITED TRADING AUTHORIZATION**

In all purchases, sales or exchanges, I authorize Northern Funds to follow the instructions of the Agent in every aspect concerning my Northern Funds account. The Agent is authorized to act in my behalf in the same manner and effect as I might or could do with respect to such purchases, sales or exchanges; as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or exchanges.

