



INVESTOR PROFILE

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

FOR INDIVIDUAL OR JOINT ACCOUNTS:

OWNER'S NAME SOCIAL SECURITY NUMBER

JOINT OWNER'S NAME SOCIAL SECURITY NUMBER

FOR GIFT/TRANSFER TO A MINOR (UGMA/UTMA):

CUSTODIAN'S NAME

MINOR'S NAME MINOR'S SOCIAL SECURITY NUMBER

FOR TRUST OR OTHER ENTITY:

TRUST OR ENTITY NAME TAX IDENTIFICATION NUMBER

TRUSTEE OR AUTHORIZED SIGNER NAME CO-TRUSTEE/CO-SIGNER NAME (IF APPLICABLE)

2 PROVIDE YOUR ADDRESS

ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER (DAYTIME) E-MAIL ADDRESS

3 PROVIDE YOUR ACCOUNT INFORMATION

If you are updating your Investor Profile information for existing Northern Funds accounts, please provide the account numbers you want the information to apply to. If your Investment Objective differs by account, please complete a separate Investor Profile Form for each account.

ACCOUNT NUMBER ACCOUNT NUMBER

ACCOUNT NUMBER ACCOUNT NUMBER

4 IDENTIFY YOUR ACCOUNT OBJECTIVES

Required for account opening.

A. NORTHERN FUNDS INVESTMENT OBJECTIVE *(Check one)*

- Maximum Growth Growth and Moderate Income Growth and Income Income and Moderate Growth
- Income Stable Value and Liquidity

B. NORTHERN FUNDS RISK TOLERANCE *(Check one)*

- High Moderate Low

5 COMPLETE YOUR INVESTING PROFILE *(Please complete all sections)*

OWNER/TRUSTEE/CUSTODIAN

OWNER'S FIRST NAME MIDDLE INITIAL LAST NAME

A. INVESTMENT HISTORY *(Check all that apply)*
 Mutual Funds Stocks Bonds None

B. EMPLOYMENT
 Employed Unemployed Retired

OCCUPATION/PROFESSION

EMPLOYER/BUSINESS

Check here if you are an associated person of a broker/dealer.

NAME OF BROKER/DEALER (IF APPLICABLE)

C. ANNUAL INCOME
 Under \$50,000 \$50,001 to \$150,000
 \$150,001 to \$250,000 \$250,001 or more

D. NET WORTH *(excluding your primary home)*
 Under \$50,000 \$50,001 to \$150,000
 \$150,001 to \$250,000 \$250,001 or more

E. INCOME TAX BRACKET
 0 to 15% 25% to 28% 33% to 35% Over 35%

F. If you have declined to provide any information in Section 5, please initial here: _____

JOINT OWNER/CO-TRUSTEE

OWNER'S FIRST NAME MIDDLE INITIAL LAST NAME

A. INVESTMENT HISTORY *(Check all that apply)*
 Mutual Funds Stocks Bonds None

B. EMPLOYMENT
 Employed Unemployed Retired

OCCUPATION/PROFESSION

EMPLOYER/BUSINESS

Check here if you are an associated person of a broker/dealer.

NAME OF BROKER/DEALER (IF APPLICABLE)

C. ANNUAL INCOME
 Under \$50,000 \$50,001 to \$150,000
 \$150,001 to \$250,000 \$250,001 or more

D. NET WORTH *(excluding your primary home)*
 Under \$50,000 \$50,001 to \$150,000
 \$150,001 to \$250,000 \$250,001 or more

E. INCOME TAX BRACKET
 0 to 15% 25% to 28% 33% to 35% Over 35%

F. If you have declined to provide any information in Section 5, please initial here: _____

6 SIGN YOUR NAME

All account owners, including custodians and trustees, must sign below. Please sign exactly as your name appears in Step 1.

SIGNATURE PRINTED NAME DATE

SIGNATURE PRINTED NAME DATE

©2010 Northern Funds

Northern Funds Distributors, LLC, not affiliated with Northern Trust

INV APL PRO 7/10

FOR INTERNAL USE ONLY

REPRESENTATIVE'S SIGNATURE PRINTED NAME DATE

EMPLOYEE ID BANK LOCATION DEPT./DIVISION PHONE NUMBER

VERIFIED BY PHONE _____
DATE TIME

IDENTIFICATION VERIFICATION

INVESTOR'S NAME

DRIVER'S LICENSE/PASSPORT NUMBER PLACE OF ISSUANCE DATE OF ISSUANCE EXPIRATION DATE

OTHER

INVESTOR'S NAME

DRIVER'S LICENSE/PASSPORT NUMBER PLACE OF ISSUANCE DATE OF ISSUANCE EXPIRATION DATE

OTHER