



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 <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	

Is this a publicly traded company? Yes No If yes, please provide Ticker symbol _____ .

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

If no, please attach a completed Northern Funds certification form or 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 Northern Funds certification form dated within six months.

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 Web site at www.irs.gov.

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

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

**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"/>
_____	<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: _____

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

*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 Web site at www.irs.gov.

5 NORTHERN TRUST RELATIONSHIP STATUS *continued*

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

6 SELECT YOUR NORTHERN FUNDS

The minimum investment for a new account is \$2,500 (\$250,000 for Tax-Advantaged Ultra-Short Fixed Income or Ultra-Short Fixed Income), or \$250 (\$250,000 for Tax-Advantaged Ultra-Short Fixed Income or Ultra-Short Fixed Income) 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	FUND NUMBER	AMOUNT
Emerging Markets Equity Index	636	_____
Enhanced Large Cap	635	_____
Global Real Estate Index	640	_____
Global Sustainability Index	644	_____
Global Tactical Asset Allocation	654	_____
Income Equity	602	_____
International Equity	609	_____
International Equity Index	630	_____
Large Cap Equity	601	_____
Large Cap Growth	604	_____
Large Cap Value	632	_____
Mid Cap Index	629	_____
Multi-Manager Emerging Markets Equity	647	_____

EQUITY FUNDS	FUND NUMBER	AMOUNT
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	_____
Small Cap Core	628	_____
Small Cap Index	624	_____
Small Cap Value	603	_____
Stock Index	618	_____
Technology	617	_____
_____	_____	_____

FIXED INCOME FUNDS	FUND NUMBER	AMOUNT
Arizona Tax-Exempt*	622	_____
Bond Index	641	_____
California Intermediate Tax-Exempt*	621	_____
California Tax-Exempt*	623	_____
Fixed Income	605	_____
Global Fixed Income	610	_____
High Yield Fixed Income	627	_____
High Yield Municipal	626	_____
Intermediate Tax-Exempt	608	_____
Multi-Manager High Yield Opportunity	650	_____
Short-Intermediate Tax-Exempt	643	_____
Short-Intermediate U.S. Government	620	_____
Tax-Advantaged Ultra-Short Fixed Income	649	_____

FIXED INCOME FUNDS	FUND NUMBER	AMOUNT
Tax-Exempt	607	_____
Ultra-Short Fixed Income	648	_____
U.S. Government	606	_____
_____	_____	_____

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.

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 _____*
- 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.

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

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.

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.

- | | | | | | | | |
|---|--------------------------|-------------------------------------|------------------------------------|---------------------------------------|--------------------------|-------------------------------------|------------------------------------|
| | <i>Dividends</i> | <i>Short-term
Capital Gains</i> | <i>Long-term
Capital Gains</i> | | <i>Dividends</i> | <i>Short-term
Capital Gains</i> | <i>Long-term
Capital Gains</i> |
| <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 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 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 Section 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.**

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 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, 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 7:00 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 Web site, northernfunds.com, for an online version of our current privacy notice.

12 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 Section 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.**
- 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 Certification Form, 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

FOR INTERNAL USE ONLY

REPRESENTATIVE'S SIGNATURE

PRINTED NAME

DATE

EMPLOYEE ID

BANK LOCATION

DEPT./DIVISION

PHONE NUMBER

PLEASE ATTACH AN INVESTOR PROFILE.