IRA APPLICATION

For Internal Use

PM	A/C#

Instructions: Use this form to establish an Individual Retirement Account with Johnson Mutual Funds Trust. Please provide the requested information and complete the enclosed Designation of Beneficiary form. Please read the Custodial Agreement and the Disclosure Form. If you are transferring an existing IRA, a completed IRA Transfer form must accompany this application.

1. INVESTOR INFORMATION:

NAME ______________________ TAX ID OR SSN ______________________

ADDRESS ______________________

CITY ____________ STATE ____________ ZIP ____________ DATE OF BIRTH ____________

PRIMARY PHONE NUMBER ____________ SECONDARY PHONE NUMBER ____________ DRIVER'S LICENSE NUMBER ____________

EMAIL ADDRESS ____________ DRIVER'S LICENSE EXPIRATION ____________ LICENSE STATE ____________

2. CONTRIBUTION INFORMATION:

☐ **New IRA**

- ☐ 20______ Contribution ☐ Direct IRA transfer from prior custodian

☐ **Inherited IRA**

ORIGINAL IRA OWNER'S NAME ____________ DATE OF BIRTH ____________ DATE OF DEATH ____________

Investor was a direct beneficiary of the retirement assets. ☐ YES ☐ NO

☐ **IRA Rollover**

- ☐ You maintained constructive receipt of assets from an IRA, Pension/Profit Sharing or other IRA qualified retirement plan distribution for less than sixty (60) days.
- ☐ Direct rollover from an employer retirement plan
- ☐ Direct IRA transfer from prior custodian

☐ **IRA/SEP (Single Employee Pension) plan; complete a SEP adoption agreement or Form 5305-SEP**

☐ **SIMPLE IRA (Savings Incentive Match Plans for Employees); complete a Form 5305-SIMPLE or 5304-SIMPLE**

3. FUND SELECTION:

Please indicate your fund selection below and enter either the dollar amount or percent per fund for your allocation. If you have any questions regarding your allocation, please contact your Portfolio Manager for assistance.

☐ Johnson Equity Income Fund ____________ ☐ Johnson Fixed Income Fund ____________

☐ Johnson Opportunity Fund ____________ ☐ Johnson Municipal Income Fund ____________

☐ Johnson International Fund ____________ ☐ Model Name ____________

4. OPTIONAL WIRE AND ELECTRONIC FUNDS TRANSFER OF REDEMPTION PROCEEDS:

☐ I hereby authorize and direct Johnson Mutual Funds Trust, their affiliates and agents to act upon my (our) instructions to have redemption proceeds sent to my bank by wire or electronic funds transfer. Attached is a voided check from my (our) account. I understand the minimum amount that may be wired is $1,000.

5. AUTOMATIC INVESTMENT PLAN:

☐ I would like to establish an Automatic Investment Plan on the _______________ of each month. Please attach an unsigned, voided check, and complete this section.

Deduct from my bank account $__________on a monthly basis, to be invested in:

☐ Johnson Equity Income Fund ____________________
☐ Johnson Opportunity Fund ____________________
☐ Johnson International Fund ____________________
☐ Johnson Fixed Income Fund ____________________
☐ Johnson Municipal Income Fund ____________________

6. TELEPHONE PRIVILEGES:

I understand that as a shareholder of the Johnson Mutual Funds Trust, I have telephone redemption and exchange privileges. By using the telephone redemption and exchange privileges, I authorize the Funds and Ultimus Fund Solutions to act upon instructions by telephone to redeem from the account and transfer the proceeds to the address of record or the bank account designate, or effect an exchange into another Fund under the same own name. The Funds and Ultimus Fund Solutions are not liable for following instructions by telephone that they reasonably believe to be genuine.

7. BENEFICIARY DESIGNATIONS:

Please complete the attached IRA Beneficiary Designation form.

8. DUPLICATE STATEMENTS:

☐ Please send a duplicate confirmation statement to: ____

9. GROUPED ACCOUNTS/COMMON MAILING:

☐ Please group my Johnson Mutual Fund mailing with: ____

10. SIGNATURE AND SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER:

Note: Failure to report your tax identification number will result in a deduction of $50 to reimburse the Fund for the penalty the IRS will impose on the Trust.

Custodial Agreement: By signing below, I certify that I have received and read thoroughly a copy of the Funds' current prospectus, IRA Disclosure Statement and Custodial Account Agreement, and agree to the terms and fees thereof. I understand that I have full authority and legal capacity for the Organization or myself named below to make this investment and to use the options selected within. I certify that I am eligible for an IRA and I understand that I am responsible for determining my eligibility for all types of contributions and the tax consequences. I appoint the Trust and Ultimus Fund Solutions as my agent to enter orders for shares whether by direct purchase or exchange, to receive dividends and distributions for automatic investment in additional shares of the applicable funds and to surrender for redemption shares held in my account in accordance with any of the options elected above or for payment of service charges incurred by me. I hereby ratify any instrumentalities given pursuant to this application and for myself and my successors and assigns and do hereby release Johnson Investment Counsel, Inc., Ultimus Fund Solutions, Johnson Mutual Funds Trust, First National Bank of Omaha, and their respective officers, employees, agents, and affiliates from any and all liability in the performance of act instructed therein. I further agree that any agent can cease to act as such upon ten (10) days' notice in writing to me at the address contained in this application.

USA Patriot Act: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. I acknowledge that Johnson Mutual Funds Trust and Ultimus Fund Solutions have adopted policies in accordance with requirements of the USA Patriot Act to fight the funding of terrorism and money laundering activities and will take appropriate steps to establish identity required by Federal law. By signing this form, I certify that the information provided is accurate and I acknowledge that Johnson Mutual Funds will use the information to attempt to verify my identity. Johnson Mutual Funds is requesting a copy of the articles of incorporation, partnership document, trust agreement or other similar documents solely for the purpose of allowing us to verify the identity as required by federal law. Johnson Mutual Funds is not assuming any responsibility for monitoring, maintaining, interpreting or enforcing any terms or provisions of those documents. **ALL OWNERS MUST SIGN**.

Substitute Form W-9: By signing below, I certify under penalties of perjury that the taxpayer identification number or social security number entered below is correct and that I have not been notified by the IRS that I am subject to back-up withholding unless the following circle is checked.

☐ By checking this circle, I indicate that I may be subject to back-up withholding

SIGNATURE ________________ PRINTED NAME ________________ DATE ________________

ACCEPTANCE BY CUSTODIAN: This application is hereby accepted by the custodian, First National Bank of Omaha.

TRUST OFFICER ________________ PRINTED NAME ________________ DATE ________________