

JOHNSON MUTUAL FUNDS TRUST  
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**JOHNSON**  
 MUTUAL FUNDS

For Internal Use
A/C#

## 403(b) DESIGNATION OF BENEFICIARY

**Instructions:**

Please use this form to designate Primary Beneficiaries and Contingent Beneficiaries for an 403(b) with Johnson Mutual Funds Trust. Should you wish to name more beneficiaries than this form has provided, please attach additional sheets. Please make sure the proportions add up to 100%. If one or more of your primary beneficiaries is not living at the time of your death, benefits will be divided among the remaining primary beneficiaries. If all the primary beneficiaries are deceased, benefits will be divided among the remaining primary beneficiaries. If all of the primary beneficiaries are deceased, benefits will be paid to the contingent beneficiaries with the assigned proportions.

**1. Shareholder Information**

Name _____	Account Number _____
Address _____	
City _____	State _____ Zip Code _____
Social Security Number _____	

**2. Primary Beneficiary(ies)**

In the event of my death, pay the balance of my 403(b) to:

Name (First, MI, Last)	Social Security Number	Share %	Date of Birth/ Trust	Relationship		
				Spouse	Son/ Daughter	Trust/ Other
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Total Must Equal 100% → **100%**

**Please sign on the reverse side of this form.**

(OVER)

**3. Contingent Beneficiary(ies)**

If none of my primary beneficiaries are living at the time of my death, pay the balance of my 403(b) to:

Name (First, MI, Last)	Social Security Number	Share %	Date of Birth/ Trust	Relationship		
				Spouse	Son/ Daughter	Trust
1.						
2.						
3.						
4.						
5.						
6.						
7.						

**Total Must Equal 100% → 100%**

**4. Signature**

I hereby revoke every previous designation of beneficiaries for my 403(b). I understand that I may change my beneficiary(ies) at any time, and that the change is effective when received in writing and accepted by my employer and forwarded to Johnson Mutual Funds Trust.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date