

**JOHNSON MUTUAL FUNDS TRUST**

**3777 WEST FORK ROAD  
CINCINNATI, OHIO 45247  
(513) 661-3100  
(800) 541-0170  
(513) 661-3160 FAX**



**JOHNSON**  
MUTUAL FUNDS

For Internal Use  
A/C#

**ACCOUNT TRANSFER**

**Instructions:**

Use this form to transfer cash from an existing account to Johnson Mutual Funds Trust. If you are opening a new account, the completed Account Application must accompany this Account Transfer form. Please be aware that your present institution may require additional documentation including a signature guarantee by a commercial bank or New York Stock Exchange member firm. Please complete all the information requested below. Johnson Mutual Funds Trust will process your transfer and the Custodian will send you notification when the cash has been received and invested.

**1. Participant Information**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Number

**2. Name, Address and Phone Number of Resigning Trustee**

Name of Organization \_\_\_\_\_  
Attention \_\_\_\_\_  
Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone Number  
City/State/Zip Code \_\_\_\_\_ Account Number \_\_\_\_\_

**3. Recent Statement**

Is a copy of your resigning trustee account statement attached?  
 Yes  No

**4. Fund Selection**

Please indicate fund selection below: **\$ Amount or % Per Fund**

<input type="checkbox"/> Johnson Growth Fund	_____
<input type="checkbox"/> Johnson Disciplined Mid-Cap Fund	_____
<input type="checkbox"/> Johnson Realty Fund	_____
<input type="checkbox"/> Johnson Fixed Income Fund	_____
<input type="checkbox"/> Johnson Municipal Income Fund	_____
<input type="checkbox"/> Johnson Disciplined Small-Cap Fund	_____
<input type="checkbox"/> Johnson Equity Income Fund	_____
<input type="checkbox"/> Johnson International Fund	_____

**(OVER)**

**5. Authorization for Transfer**

**To Present Institution:**

I have established an account with Johnson Mutual Funds Trust. Please use this letter as your authorization to liquidate assets in my account with your firm, as indicated below. To ensure proper crediting, please return the check made payable to "Johnson Mutual Funds" with my name referenced on the bottom of the check, and send the proceeds to:

**Johnson Mutual Funds Trust  
3777 West Fork Road  
Cincinnati, Ohio 45247**

**Please check one:**

- Liquidate all full and fractional shares (estimated value of transfer \$\_\_\_\_\_ ) of the account(s) indicated in Section 2 and transfer the proceeds payable to "Johnson Mutual Funds" [ ] immediately [ ] at maturity. **Close the account.** Send any subsequent dividends or interest that post to the above listed address as specified.
  
- Liquidate part (\$\_\_\_\_\_ ) of the account(s) indicated in Section 2 and transfer the proceeds, payable to "Johnson Mutual Funds" [ ] immediately [ ] at maturity. **Do not close account.**

Details of Liquidation:

---

---

---

Investor Signature

Date

Investor Signature (If Needed)

Date

Signature Guarantee (If Needed)