

JOHNSON MUTUAL FUNDS TRUST

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**JOHNSON
MUTUAL FUNDS**

For Internal Use	
PM	
A/C#	
JIC A/C#	

ROTH IRA APPLICATION

Instructions:

Use this form to establish a Roth Individual Retirement Account with Johnson Mutual Funds Trust. Please provide the requested information and complete the enclosed Designation of Beneficiary form and IRS Form 5305-RA. If you are transferring an existing Roth IRA, a completed IRA Transfer form must accompany this application.

1. Investor Information

Name _____	Social Security Number _____
Address _____	Date of Birth _____ (____)
City/State/Zip Code _____	Home Phone Number _____ (____)
E-mail Address _____	Business Phone Number _____
Drivers License Number _____	Drivers License State _____

2. Contribution Information

Please read the attached Roth IRA Instructions before completing this section.

- New IRA. (\$5,000 maximum) Over the age of 50 the maximum is \$6,000.
 - 20 _____ Contribution
 - Direct Roth IRA Transfer from prior custodian. Please complete IRA Transfer Form.
 - 60-Day Roth IRA Rollover from prior custodian. Please complete IRA Transfer Form.
- Conversion from Traditional IRA to a Roth IRA.
 - Is this a qualified conversion contribution? _____
 - Do you understand and accept the tax consequences for this transaction? _____

If you answered "No" to any of the above questions, please consult your legal counsel or tax adviser before opening a Roth IRA.

3. Fund Selection

Please indicate fund selection below and enter the \$ Amount or % Per Fund

- | | |
|--|---|
| <input type="checkbox"/> Johnson Growth Fund _____ | <input type="checkbox"/> Johnson Municipal Income Fund \$ _____ |
| <input type="checkbox"/> Johnson Disciplined Mid-Cap Fund _____ | <input type="checkbox"/> Johnson Disciplined Small-Cap Fund _____ |
| <input type="checkbox"/> Johnson Realty Fund _____ | <input type="checkbox"/> Johnson Equity Income Fund _____ |
| <input type="checkbox"/> Johnson Fixed Income Fund _____ | <input type="checkbox"/> Johnson International Fund _____ |
| <input type="checkbox"/> Model Name _____ (If you have any questions regarding your allocation, please contact your Portfolio Manager for assistance). | |

4. Beneficiary Designation

Please complete the attached IRA Beneficiary Designation form.

5. System Withdrawal Plan

I elect to receive a periodic payment totaling \$ _____ as follows:

A balance of \$10,000 or greater is required.
The payment will be sent to the name and address authorized in Section 1.

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

Investment Plan

Please attach an unsigned, voided check and complete this section.

- ACH – Please send these funds ACH (Automated Clearing House). Attached is a voided check. Please redeem shares on:
 - 5th 15th 24th
- Send me a check. The payment will be sent to the name and address authorized in Section 1.

- 6. Optional Automatic** I would like to establish an Automatic Investment Plan on the 15th of each month. Please deduct \$_____ from my bank account (\$100 minimum) on a monthly basis and invest in the Fund(s) indicated below. Attached is a voided check from my (our) account.
- | | |
|---|---|
| <input type="checkbox"/> Johnson Growth Fund _____ | <input type="checkbox"/> Johnson Municipal Income Fund _____ |
| <input type="checkbox"/> Johnson Disciplined Mid-Cap Fund _____ | <input type="checkbox"/> Johnson Disciplined Small-Cap Fund _____ |
| <input type="checkbox"/> Johnson Realty Fund _____ | <input type="checkbox"/> Johnson Equity Income Fund _____ |
| <input type="checkbox"/> Johnson Fixed Income Fund _____ | <input type="checkbox"/> Johnson International Fund _____ |

- 7. Optional Automatic Electronic Funds Transfer of Redemption Proceeds** I hereby authorize and direct Johnson Mutual Funds Trust and their affiliates and agents to act upon my (our) instructions to have redemption proceeds sent to my (our) bank by wire or electronic funds transfer. Attached is a voided check or pre-printed deposit slip from my (our) account. I understand the minimum amount that may be wired is \$1,000 and a wire charge of \$10 will be deducted from the redemption proceeds.

- 8. 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 Johnson Financial, Inc. to act upon instructions by telephone to redeem from the account and transfer the proceeds to the address of record or the bank account designated, or effect an exchange into another Fund under the same owner name. The Funds and Johnson Financial, Inc. are not liable for following instructions by telephone that they reasonably believe to be genuine. To confirm that the telephone instructions are genuine, please provide your mother's maiden name or other password in order to access your account.

Mother's Maiden Name or Password: _____

- 9. Duplicate Statements** Please send a duplicate confirmation statement to:

- 10. Grouped Accounts/ Common Mailing** Please group my Mutual Fund mailing with:

Internal Compliance

11. Acknowledgements:

Custodial Agreement: I hereby establish a Roth IRA and appoint Johnson Trust Company as custodian. 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 each of the Trust and Johnson Financial, Inc. 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., Johnson Financial, Inc., Johnson Mutual Funds Trust, Johnson Trust Company, 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.

U.S.A. 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 Johnson Financial, Inc. have adopted policies in accordance with requirements of the 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 box is checked.

- By checking this box, I indicate that I may be subject to back-up withholding.

 Signature Date Social Security Number

Acceptance by Custodian This application is hereby accepted by the custodian.

 Trust Officer Date