

Johnson Mutual Funds Trust  
 3777 West Fork Road  
 Cincinnati, OH 45247  
 513.661.3100 | 800.541.0170  
 513.661.3160 (fax)



For Internal Use

PM
A/C#
JIC A/C#

IRA 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 \_\_\_\_\_ Tax ID or SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (include area code) \_\_\_\_\_ Daytime Phone (include area code) \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Name, Address and Phone Number of Resigning Trustee

Name of Organization \_\_\_\_\_ Attention \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (include area code) \_\_\_\_\_ Account or Policy Number \_\_\_\_\_

Type of Account to be Transferred:

Traditional IRA SIMPLE IRA	IRA Rollover 401(K)	Roth IRA Inherited IRA	SEP-IRA Qualified Plan	Other
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3. Recent Statement

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

4. Fund Selection

Please indicate fund selection below:

Initial Investment (see accompanying IRA Application)

OR

\$ Amount or % per Fund

Johnson Growth Fund	_____
Johnson Opportunity Fund	_____
Johnson Realty Fund	_____
Johnson Fixed Income Fund	_____
Johnson Municipal Income Fund	_____
Johnson Equity Income Fund	_____
Johnson International Fund	_____

**5. Authorization for Transfer**

**Note:** If you are 70½ or older this year, the required minimum distribution **MUST** be taken before the transfer is made.

**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:**

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**6. Authorization for Transfer**

**To Resigning Trustee or Custodian**

I have established a qualified Individual Retirement Account with Johnson Mutual Funds Trust. Please use this letter as your authorization to liquidate assets in my account with your firm, as indicated above. To ensure proper crediting, please contact the Funds for trustee-to-trustee delivery instructions.

\_\_\_\_\_  
Investor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Guarantee (if needed)

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**7. New Custodian**

**To be Completed by New Custodian**

We have been requested to send you a letter of acceptance in order to transfer the assets of the above-mentioned account for deposit to the Johnson Mutual Funds Trust. To ensure proper crediting, contact the Funds for trustee-to-trustee delivery instructions.

This is to be executed as a trustee-to-trustee transfer so as not to put the plan participant in actual or constructive receipt of all or any part of the transferred assets.

\_\_\_\_\_  
Trust Officer's Signature

\_\_\_\_\_  
Date