

JOHNSON MUTUAL FUNDS TRUST

**3777 WEST FORK ROAD
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JOHNSON
MUTUAL FUNDS

For Internal Use
A/C#

**TRANSFER ON DEATH (TOD)
BENEFICIARY FORM**

AGREEMENT

Pursuant to the Uniform Transfer-on-Death Security Registration Act, and in accordance with section 1709.01 – 1709.11 of the Act, I (we) hereby declare that this account # _____ with the Johnson Mutual Funds and the securities* contained within, is registered as an Individual Account or Joint Account with Rights of Survivorship, and that I (we) are hereby naming a transfer-on-death beneficiary.

The current account registration is as follows:

_____	_____
Account Owner	Social Security Number
_____	_____
Account Owner	Social Security Number
_____	_____
Address of Record	Securities owned*
_____	(JG, JO, JR, JF, JM, JDS, JDL, JDG, JEI, Other)

City/State/Zip Code	

TOD BENEFICIARY DESIGNATION

Subject to the limitations of section 5731.39 of the Revised Code, upon the death of the above named owner(s), ownership of the securities in the above named account shall pass to the beneficiary(ies) who survive the owners upon proof of death of the owner or both owners if this account is a Joint Account with Rights of Survivorship. If the beneficiary(ies) herein named fail to survive the owner(s) and LDPS has been designated, the ownership shall pass to the named beneficiary(ies) lineal descendents per stirpes. (If you would like to add more beneficiaries than the space provided, please attach a sheet containing the appropriate information).

Beneficiary Designation:

Beneficiary Designation:

_____	_____	_____	_____
Name		Name	
_____	_____	_____	_____
Address		Address	
_____	_____	_____	_____
City/State/Zip Code		City/State/Zip Code	
_____	_____	_____	_____
Date of Birth	% Allocation	Date of Birth	% Allocation
_____	_____	_____	_____
Social Security Number		Social Security Number	

*Securities may be added to the account after the initial registration and shall pass according to this agreement.

