

JOHNSON MUTUAL FUNDS TRUST
 3777 WEST FORK ROAD
 CINCINNATI, OHIO 45247
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For Internal Use
A/C#

401(k) DESIGNATION OF BENEFICIARY

Instructions:

Please use this form to designate Primary Beneficiaries and Contingent Beneficiaries for a 401(k) 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 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. Beneficiary(ies)

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). I revoke all prior 401(k) Beneficiary designations, if any, made by me for these assets. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the 401(k). Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If you designate multiple beneficiaries, please check on of the following distribution methods for directing the assigned share of assets for a beneficiary who predeceases you:

- the deceased beneficiary's share shall be divided among his or her descendants, per stirpes (equally), or
- the deceased beneficiary's share shall terminate completely, and be allocated proportionately among the other beneficiaries.

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

Total Must Equal 100% → 100%

3. Signatures:

I hereby revoke every previous designation of beneficiaries for my 401(k). 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.

 401(k) Owner's Signature

 Date

*** If beneficiary is other than spouse, this section must be completed.**

Spousal Consent: I am the spouse of the 401(k) Owner and I approve and consent to the naming of a beneficiary other than myself. I transfer any community property interest I have in this 401(k) into the separate property of my spouse.

 Spouse's Signature

 Date