

# SUPPLEMENTAL INSERT FOR APPLICATIONS USA PATRIOT ACT

For Internal Use
PM
A/C#

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.

**What this means for you: When you open an account, we need to capture certain information that allows us to verify your identity. The following information is required for all individuals who will be the registered owner or co-owner of an account or will be signing on behalf of a legal entity that will own the account.**

Note: This information must also be provided if the registered owner of this account is acting pursuant to a Power of Attorney or is a Grantor or Responsible Individual for a Coverdell Education Savings Account.

- Name
- Residential/Street address (P.O. Box not accepted; APO/FPO addresses accepted)<sup>1</sup>
- Date of Birth
- Social Security Number (SSN), Employer Identification Number (EIN) or Individual Tax Identification Number (TIN)
- We may also ask to see your driver's license or other identifying documents

If the registered owner of this account is a Trust, Corporation or other entity, please provide:

- Name of Entity
- Residential/Street address (P.O. Box not accepted; APO/FPO addresses accepted)\*
- Corporate Resolution and certified Articles of Incorporation
- Partnership or Trust Agreement along with the date of incorporation or trust date
- Social Security Number (SSN), Employer Identification Number (EIN) or Individual Tax Identification Number (TIN)

\* The address provided on your new account application will serve as the mailing address for fund documents.

## REGISTERED OWNER #1 (required information)

NAME (CO-OWNER, CUSTODIAN, TRUSTEE, ENTITY OR POWER OF ATTORNEY) \_\_\_\_\_ SSN, EIN, OR TAX ID \_\_\_\_\_

RESIDENTIAL ADDRESS (STREET ADDRESS REQUIRED, P.O. BOXES NOT ACCEPTED) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRIMARY PHONE NUMBER \_\_\_\_\_ SECONDARY PHONE NUMBER \_\_\_\_\_ DRIVER'S LICENSE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DRIVER'S LICENSE EXPIRATION \_\_\_\_\_ LICENSE STATE \_\_\_\_\_

U.S. Citizen     Resident Alien (Country): \_\_\_\_\_     Nonresident Alien (Country): \_\_\_\_\_

If there is more than one registered owner, please attach multiple pages

## SIGNATURES REQUIRED: (All owners must sign below)

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.

SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_