

ACCOUNT APPLICATION

For Internal Use

PM	A/C#
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1. INVESTOR INFORMATION:

Please check the account type below. For an IRA, Roth IRA or SEP, do not complete this form. Please request an IRA or Roth IRA Application.

NAME OF SHAREHOLDER (OR MINOR) TAX ID OR SSN DATE OF BIRTH

NAME OF: CO-SHAREHOLDER CUSTODIAN TAX ID OR SSN DATE OF BIRTH
(CHECK ONE) TRUSTEE OFFICER MANAGING PARTNER

ACCOUNT TYPE:

- Individual
- Joint (JTWROS)
- Custodial (For Minors)
- Pension/Profit Sharing
- Trust
(Dated _____)
- Corporation
- 401(k)
- 403(b)
- Education Savings Acct.
(\$2,000 Annual Limit)
- TOD (Transfer On Death)
- Other (Please Specify)

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP

PRIMARY PHONE NUMBER SECONDARY PHONE NUMBER EMAIL ADDRESS

DRIVER'S LICENSE NUMBER DRIVER'S LICENSE EXPIRATION LICENSE STATE

Note: If this account has more than one shareholder, all singular references in this application refer to all shareholders. In case of two or more shareholders, the account will be registered "Joint Tenants With Rights of Survivorship" ("JTWROS"), unless otherwise specified. For Uniform Transfer to Minors Act or Uniform Gifts to Minors Act accounts, use the name of the child on the shareholder line and the name of the custodian on the co-shareholder line. Use the child's Social Security number. For a Trust, please indicate the name of the trust.

2. FUND SELECTION:

Check enclosed for \$

(made payable to "Johnson Mutual Funds")

Please indicate your fund selection below and enter either the **dollar amount** or **percent** per fund for your allocation. If you have any questions regarding your allocation, please contact your Portfolio Manager for assistance.

- | | |
|---|--|
| <input type="checkbox"/> Johnson Equity Income Fund _____ | <input type="checkbox"/> Johnson Fixed Income Fund _____ |
| <input type="checkbox"/> Johnson Opportunity Fund _____ | <input type="checkbox"/> Johnson Municipal Income Fund _____ |
| <input type="checkbox"/> Johnson International Fund _____ | <input type="checkbox"/> Model Name _____ |

3. DIVIDEND AND CAPITAL GAIN INSTRUCTIONS:

CHECK ACH

All distributions WILL BE reinvested in additional shares (at no charge) unless one or both of the appropriate circles below are checked. Check only if you **DO NOT** wish to reinvest.

	INCOME DIVIDENDS	CAPITAL GAINS		INCOME DIVIDENDS	CAPITAL GAINS
Johnson Equity Income Fund	<input type="checkbox"/>	<input type="checkbox"/>	Johnson Fixed Income Fund	<input type="checkbox"/>	<input type="checkbox"/>
Johnson Opportunity Fund	<input type="checkbox"/>	<input type="checkbox"/>	Johnson Municipal Income Fund	<input type="checkbox"/>	<input type="checkbox"/>
Johnson International Fund	<input type="checkbox"/>	<input type="checkbox"/>			

4. AUTOMATIC INVESTMENT PLAN:

I would like to establish an Automatic Investment Plan on the _____ of each month. Please attach an unsigned, voided check, and complete this section.

Deduct from my bank account \$ _____ on a monthly basis, to be invested in:

- | | |
|---|--|
| <input type="checkbox"/> Johnson Equity Income Fund _____ | <input type="checkbox"/> Johnson Fixed Income Fund _____ |
| <input type="checkbox"/> Johnson Opportunity Fund _____ | <input type="checkbox"/> Johnson Municipal Income Fund _____ |
| <input type="checkbox"/> Johnson International Fund _____ | |

5. 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 Ultimus Fund Solutions to act upon instructions by telephone to redeem from the account and transfer the proceeds to the address of record or the bank account designate, or effect an exchange into another Fund under the same own name. The Funds and Ultimus Fund Solutions are not liable for following instructions by telephone that they reasonably believe to be genuine.

6. OPTIONAL WIRE AND ELECTRONIC FUNDS TRANSFER OF REDEMPTION PROCEEDS:

I hereby authorize and direct Johnson Mutual Funds Trust, 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 from my (our) account. I understand the minimum amount that may be wired is \$1,000.

7. DUPLICATE STATEMENTS:

Please send a duplicate confirmation statement to: _____

8. GROUPED ACCOUNTS/COMMON MAILING:

Please group my Johnson Mutual Fund mailing with: _____

9. SIGNATURE AND SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER:

Note: Failure to report your tax identification number will result in a deduction of \$50 to reimburse the Fund for the penalty the IRS will impose on the Trust.

Custodial Agreement: 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 the Trust and Ultimus Fund Solutions 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., Ultimus Fund Solutions, Johnson Mutual Funds Trust, First National Bank of Omaha, 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.

USA 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 Ultimus Fund Solutions have adopted policies in accordance with requirements of the USA 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 circle is checked.

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

_____ SIGNATURE	_____ PRINTED NAME	_____ DATE
_____ SIGNATURE	_____ PRINTED NAME	_____ DATE
_____ SIGNATURE OF OFFICER/PARTNER/TRUSTEE/OTHER AND TITLE	_____ PRINTED NAME	_____ DATE