

# Recharacterization Form

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-1093

**Janus Henderson**  
INVESTORS

Use this form to recharacterize an annual IRA contribution from one type of IRA to another (e.g., from a Roth IRA to a Traditional IRA).

- **Requests for recharacterization generally must be received by Janus Henderson no later than market close on October 15th of the year following the year in which the contribution was made.**
- In some cases, recharacterization requests may be handled by phone. Please call a Janus Henderson representative to determine if this is an option for you.
- Please print or type using black ink.

## Questions?

Call us at **800-525-1093**

## In a Hurry?

Process online at  
**janushenderson.com**

- or -

Fax form to **877-319-3852**

## Step 1 - Tell us about the account(s) you would like us to recharacterize.

Account Number(s)

Social Security Number

Date of Birth

First Name

Middle Initial

Last Name

Address

City

State

Zip Code

Preferred Phone Number (required)

Additional Phone Number (optional)

## Step 2 - Let us know how you would like to recharacterize your contribution.

**Recharacterize a CONTRIBUTION from:**

- Traditional IRA to Roth IRA
- Roth IRA to Traditional IRA
- Roth IRA to SEP IRA
- SEP IRA to Roth IRA

**Note:**

All recharacterizations will include applicable earnings/losses.

**Remember to sign on the last page**

**Step 3 - Let us know what holdings to recharacterize.**

Account Number	Fund Name or Number
Amount to Recharacterize	Tax Year Contribution Occurred
Account Number	Fund Name or Number
Amount to Recharacterize	Tax Year Contribution Occurred
Account Number	Fund Name or Number
Amount to Recharacterize	Tax Year Contribution Occurred
Account Number	Fund Name or Number
Amount to Recharacterize	Tax Year Contribution Occurred
Account Number	Fund Name or Number
Amount to Recharacterize	Tax Year Contribution Occurred

**Notes:**

- If you wish to recharacterize all eligible money within an account, please write “all” in the Fund Name or Number area above.
- If you wish to recharacterize more than five funds, please provide a letter of instruction for the remaining funds.

**Remember to sign on the last page**

**Step 4 - Let us know how you would like your recharacterized assets to be invested.**

(check one)

- Deposit the assets into my existing Janus Henderson retirement account.

The account number is: \_\_\_\_\_

- Open a new Janus Henderson Traditional IRA and deposit the assets into this new account.

*Please complete a Janus Henderson IRA Application and enclose it with this form.*

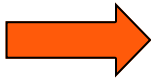
- Open a new Janus Henderson Roth IRA and deposit the assets into this new account.

*Please complete a Janus Henderson IRA Application and enclose it with this form.*

**Important:** Recharacterizations can only be processed between the same funds. To change your fund allocation, please call us or visit [janushenderson.com](http://janushenderson.com) after the recharacterization has been completed.

**Step 5 - Please read and sign below**

I understand that Janus Henderson is not permitted to refund withholding that has already been remitted to the Internal Revenue Service. I agree that I will continue to comply with the terms and conditions of the original application. There may be limits on the number of recharacterizations I can make. I have been advised to consult a tax advisor and assume all responsibility for this transaction.



X \_\_\_\_\_  
Signature of Owner Date

# IRA Application

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-1093

Use this form to establish a Traditional IRA, Roth IRA or SEP IRA at Janus Henderson.

**Please do not use this form to establish an Inherited IRA or a Non-Retirement account at Janus Henderson.**

- You must be a US Citizen or a US Resident Alien residing in the United States or a US Territory to open a Janus Henderson account.
- **Important Note:** To help the government deter money laundering and terrorism funding activities, all financial institutions are required to obtain, verify and record information that identifies each person who opens an account. Please read the important disclosures in Step 13.
- Read the prospectus carefully before you invest or send money.
- Please print or type using black ink.

## Questions?

Call us at **800-525-1093**

## In a Hurry?

Establish account online at  
**janushenderson.com**

- or -

Fax form to **877-319-3852**

You must be a current Janus Henderson retail shareholder or a member of their immediate family or household to open a new account directly with Janus Henderson (immediate family member is defined as: parent, sibling, spouse, child, grandparent, grandchild, aunt/uncle, niece/nephew, cousin, great-grandparent, or great-grandchild and same relationships by marriage).

## Step 1 - Provide eligibility to open a Janus Henderson account. (check one)

Please select the statement that applies to you and provide the information requested to establish proof of your eligibility:

I am an **existing** Janus Henderson investor. My account number is: \_\_\_\_\_

- or -

I am one of the following:

Immediate Family Member

Household Member

Changing Ownership

Please provide the following information about the **existing** Janus Henderson shareholder. If the relevant information is not provided, Janus Henderson will be unable to establish an account for you.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Remember to sign on the last page**

**Step 2 - What type of IRA would you like to open?** (check one)

- Traditional IRA
- Roth IRA
- SEP IRA (completed IRS Form 5305-SEP is on file with employer)

**Step 3 - What name would you like on your account?** (all fields required unless noted)

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First Name Middle Initial Last Name

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Social Security Number Date of Birth

- Please send me information about adding an authorized person to act on my account.

**Parent or Guardian's Information** (must be completed if application is for a minor)

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First Name Middle Initial Last Name

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Social Security Number Date of Birth

**Step 4 - What address would you like on your account?** (all fields required unless noted)

**Mailing Address** (If you provide a PO Box, you must also fill out **Physical Address** below.)

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Address

---

City State Zip Code

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Phone Number E-mail Address (optional)

**Physical Address** (Required if different from above. No PO Box addresses.)

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Address

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City State Zip Code

**Remember to sign on the last page**

## Step 5 - How would you like to fund your IRA? (check one)

- Annual contribution** (*select contribution year*)
  - Prior Year** (maximum \$5,500 per tax year, \$6,500 if age 50 or over)
  - Current Year** (maximum \$6,000 per tax year, \$7,000 if age 50 or over)
  
- Transfer of an existing IRA from another financial institution**  
(Please enclose a Janus Henderson IRA Transfer Form)
  
- Rollover of an existing IRA\***
  
- Direct Rollover from Employer Retirement Plan**
  - Check enclosed       Assets will be sent to Janus Henderson separate from this application.
  
- Inherited IRA - Call 800-525-1093**
  
- Conversion of a Janus Henderson Traditional IRA to a Janus Henderson Roth IRA**  
(Please enclose an Authorization to Convert a Janus Henderson Traditional IRA Form)
  
- Recharacterization of a Janus Henderson IRA**  
(Please enclose a Janus Henderson Recharacterization Form)
  
- SEP Employer Contribution**  
(*select contribution year*)
  - Current Year**     **Prior Year**

\*IRS Announcements 2014-15 and 2014-32 limit rollovers from an IRA to another (or the same) IRA to *one in any 12-month period*, regardless of the number of IRAs you own. The "One-Rollover-Per-Year" rule does not apply to IRA transfers, conversions, recharacterizations, or direct rollover to or from a qualified plan. Please seek professional tax advice regarding questions about any IRA distributions.

## Step 6 - How would you like to make your initial fund purchase? (check one)

- Electronically** - Make a one-time withdrawal of \$ \_\_\_\_\_ from the bank account listed in Step 9.
- Check** - Make your personal check, Direct Rollover check, or Cashier's check payable to **Janus Henderson** and enclose it with your completed application.
- Check** - Direct Rollover check will be sent to Janus Henderson separate from this application.

**Remember to sign on the last page**

## Step 7 - Which Janus Henderson funds would you like to own?

The minimum initial investment is \$1,000 per fund or \$100 per fund when you choose to invest \$50 or more on a monthly basis through our Automatic Investment Program described in Step 10.

**See available Janus Henderson Funds on last page.**

Fund Name	% or \$ Amount
Fund Name	% or \$ Amount
Fund Name	% or \$ Amount
Fund Name	% or \$ Amount
Fund Name	% or \$ Amount
Fund Name	% or \$ Amount
Fund Name	% or \$ Amount
Fund Name	% or \$ Amount
Fund Name	% or \$ Amount
Fund Name	% or \$ Amount
Fund Name	% or \$ Amount

\*Certain retirement plans such as SEP IRAs may not be subject to stated minimums, as defined in the fund's prospectus.

## Step 8 - Subsequent Account Agreement. (optional)

By checking this box, I agree that the information contained in this application can be used in the future to open subsequent accounts by telephone, excluding retirement accounts.

I Agree       I Disagree

**Remember to sign on the last page**

## Step 9 - Provide your bank information.

Please provide your bank information if you are enrolling in **Janus Henderson's Automatic Investment Program** and/or would like to make future **electronic purchases and redemptions**.

**Please attach a *preprinted* voided item.**

Need an alternative to a voided item? Please contact a Janus Henderson representative at **800-525-1093**.

This is a:       Checking Account       Savings Account



Bank account owner(s), if different from all Janus Henderson account owner(s), are required to sign below to add Purchase options. To add Redemption options, if all bank owner(s) are different from the Janus Henderson account owner(s), fill out the Bank Options Form.

X \_\_\_\_\_  
Signature of Bank Account Owner      Date

X \_\_\_\_\_  
Signature of Bank Account Owner      Date

**Remember to sign on the last page**



## Step 10 - Do you want to invest on a regular basis through Janus Henderson's Automatic Investment Program?

Enroll in our Automatic Investment Program (AIP) and we'll automatically transfer a set amount (minimum \$50) from your bank account directly into the Janus Henderson fund(s) of your choice. If you would like to enroll, please provide your bank information in Step 9. Your AIP may generally be modified or cancelled at any time by visiting [janushenderson.com](http://janushenderson.com) or by calling a Janus Henderson representative.

		Frequency*
Fund Name	Investment Amount* (\$50 min.)	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Every Other Month
		<input type="checkbox"/> Quarterly

Starting Month	Investment Date*

		Frequency*
Fund Name	Investment Amount* (\$50 min.)	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Every Other Month
		<input type="checkbox"/> Quarterly

Starting Month	Investment Date*

		Frequency*
Fund Name	Investment Amount* (\$50 min.)	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Every Other Month
		<input type="checkbox"/> Quarterly

Starting Month	Investment Date*

\*If investment amount, frequency or investment date are not specified, investments of \$50 will be made on the 20th of each month.

IRA contributions made through an AIP will be credited as contributions for the year in which the shares are purchased. If you want to make prior year contributions, please indicate which month(s) should be coded as prior year

contribution(s):

**January**       **February**       **March**       **April** (must be on or before the 15th)

For SEP-IRA accounts, please indicate type of contribution:

**Employer**       **Employee**

Please send me information about Janus Henderson's Payroll Deduction Program.

**Remember to sign on the last page**

## Step 11 - Who would you like to name as primary beneficiary(ies) on your account?

Please designate the individual(s) named below as primary beneficiary(ies) of this IRA. If more than four primary beneficiaries are needed, please attach a letter of instruction. If a percentage has not been indicated, equal distributions will be made to the appropriate beneficiaries. If applicable, any beneficiary who passes away before the account owner will have their share divided proportionally among the surviving primary beneficiaries.

### Primary

#### Beneficiary #1

- Spouse
- Non-Spouse
- Trust
- Other Entity
- Minor\*

\_\_\_\_\_  
Name % of Account

\_\_\_\_\_  
Date of Birth or UA Date of Trust Social Security or Taxpayer ID Number

\_\_\_\_\_  
\*Custodian's full name if beneficiary is a **minor**. Appoint one person as a custodian. You cannot name yourself as custodian.

### Primary

#### Beneficiary #2

- Non-Spouse
- Trust
- Other Entity
- Minor\*

\_\_\_\_\_  
Name % of Account

\_\_\_\_\_  
Date of Birth or UA Date of Trust Social Security or Taxpayer ID Number

\_\_\_\_\_  
\*Custodian's full name if beneficiary is a **minor**. Appoint one person as a custodian. You cannot name yourself as custodian.

### Primary

#### Beneficiary #3

- Non-Spouse
- Trust
- Other Entity
- Minor\*

\_\_\_\_\_  
Name % of Account

\_\_\_\_\_  
Date of Birth or UA Date of Trust Social Security or Taxpayer ID Number

\_\_\_\_\_  
\*Custodian's full name if beneficiary is a **minor**. Appoint one person as a custodian. You cannot name yourself as custodian.

### Primary

#### Beneficiary #4

- Non-Spouse
- Trust
- Other Entity
- Minor\*

\_\_\_\_\_  
Name % of Account

\_\_\_\_\_  
Date of Birth or UA Date of Trust Social Security or Taxpayer ID Number

\_\_\_\_\_  
\*Custodian's full name if beneficiary is a **minor**. Appoint one person as a custodian. You cannot name yourself as custodian.

**Total (must equal 100%):** \_\_\_\_\_

**Remember to sign on the last page**

## Step 12 - (Optional) Name the secondary (contingent) beneficiary(ies) on your account.

Please designate the individual(s) named below as secondary beneficiary(ies) of this IRA. If more than four secondary beneficiaries are needed, please attach a letter of instruction. If a percentage has not been indicated, equal distributions will be made to the appropriate beneficiaries. If applicable, any beneficiary who passes away before the account owner will have their share divided proportionally among the surviving beneficiaries.

Secondary beneficiaries receive assets **ONLY** if no primary beneficiary survives you. Do **NOT** list any primary beneficiaries here.

### Secondary

#### Beneficiary #1

- Spouse
- Non-Spouse
- Trust
- Other Entity
- Minor\*

\_\_\_\_\_  
Name % of Account

\_\_\_\_\_  
Date of Birth or UA Date of Trust Social Security or Taxpayer ID Number

\_\_\_\_\_  
\*Custodian's full name if beneficiary is a **minor**. Appoint one person as a custodian. You cannot name yourself as custodian.

### Secondary

#### Beneficiary #2

- Non-Spouse
- Trust
- Other Entity
- Minor\*

\_\_\_\_\_  
Name % of Account

\_\_\_\_\_  
Date of Birth or UA Date of Trust Social Security or Taxpayer ID Number

\_\_\_\_\_  
\*Custodian's full name if beneficiary is a **minor**. Appoint one person as a custodian. You cannot name yourself as custodian.

### Secondary

#### Beneficiary #3

- Non-Spouse
- Trust
- Other Entity
- Minor\*

\_\_\_\_\_  
Name % of Account

\_\_\_\_\_  
Date of Birth or UA Date of Trust Social Security or Taxpayer ID Number

\_\_\_\_\_  
\*Custodian's full name if beneficiary is a **minor**. Appoint one person as a custodian. You cannot name yourself as custodian.

### Secondary

#### Beneficiary #4

- Non-Spouse
- Trust
- Other Entity
- Minor\*

\_\_\_\_\_  
Name % of Account

\_\_\_\_\_  
Date of Birth or UA Date of Trust Social Security or Taxpayer ID Number

\_\_\_\_\_  
\*Custodian's full name if beneficiary is a **minor**. Appoint one person as a custodian. You cannot name yourself as custodian.

**Total (must equal 100%):** \_\_\_\_\_

**Remember to sign on the last page**

## Step 13 - Please read and sign below.

### By signing below, I:

- (1) Establish an Individual Retirement Account (IRA) pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all the terms of the Custodial Agreement on Form 5305-A, 5305-SEP or 5305-RA (whichever is applicable); (2) certify that all contributions to the IRA meet the requirements of the Code governing such contributions; (3) appoint State Street Bank and Trust Company, or its successors, as custodian on the account; (4) agree that I have received, read, accepted and specifically incorporated herein the Custodial Agreement on Form 5305-A, 5305-SEP or 5305-RA (whichever is applicable) and the IRA Disclosure Statement; (5) agree to promptly give instructions to the custodian necessary to enable the custodian to carry out its duties under the Custodial Agreement; (6) agree that this account will be subject to the Custodial Agreement as amended from time to time; and (7) agree that the terms, representations and conditions in this application and the prospectus, as amended from time to time, will apply to this account and any account established at a later date.
- Certify that I have received and read the current prospectus of the Fund(s) in which I am investing. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence. I agree to read the prospectus for any Janus Henderson fund into which I request an exchange.
- Authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine. I understand it is my responsibility to review account statements and inform Janus Henderson of errors posted to my account. I understand Janus Henderson reserves the right not to correct errors not brought to the company's attention within a reasonable time period. I understand that anyone who can properly identify my account(s) may be able to make telephone transactions on my behalf.
- Authorize the Fund and its agents to issue credits to and make debits from the bank account information set forth on this application. I agree that Janus Henderson shall be fully protected in honoring any such transaction. I also agree that Janus Henderson may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. I agree that if I submit bank information for a bank that does not participate in the Automated Clearing House (ACH) or provide information for a nonbank account, Janus Henderson will price my purchase at the net asset value next determined after Janus Henderson receives good funds. All account options selected will become part of the terms, representations and conditions of this application.
- Authorize the Fund and its agents to establish check and telephone redemption privileges and telephone and online purchase privileges on my account. Authorize the Fund and its agents to establish telephone and online redemption and purchase privileges on my account. I also authorize the Fund and its agents to reinvest all income dividends and capital gains distributions in the distributing fund. I authorize the Fund and its agents to establish redemption privileges by electronic transfer to the bank account set forth on this application.
- Certify that (if I am married and reside in a community property or marital property state) my spouse has knowledge of and consents to the designation of a non-spouse beneficiary on this account. (Please consult with a legal advisor regarding your beneficiary designation. Neither the custodian nor the plan sponsor will be liable for any consequences resulting from failure to accurately represent spousal consent.)

**Remember to sign on the last page**

## Step 13 - (Continued)

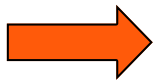
- Consent to the 'householding' delivery of any fund prospectuses, shareholder reports or other documents (except transaction confirmations and account statements) that I am required, by law, to receive. This means Janus Henderson will generally deliver a single copy of most annual and semiannual reports, prospectuses, and newsletters to investors who share an address, even if the accounts are registered under different names. My participation in this program will continue indefinitely unless I contact Janus Henderson.
- **Important Note:** To help the government deter terrorism funding and money laundering activities, all financial institutions are required to obtain, verify and record information that identifies each person who opens an account. So that we may comply with these requirements, we ask you to please complete Steps 3 and 4 in their entirety when opening an account with Janus Henderson. The omission of this information will result in the return of your application and investment. Please note that your ability to perform transactions in your account may also be affected or otherwise delayed if Janus Henderson cannot easily verify the accuracy of the required information in Steps 3 and 4. If, after 30 days, Janus Henderson is still unable to verify the required information, your account may be closed and your shares redeemed at the next available NAV.

### Under penalty of perjury, I certify that:

1. The Social Security Number(s) shown on this application is/are correct.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding. Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.
3. I am a US Citizen or a US Resident Alien residing in the United States or a US Territory.
4. I am exempt from reporting per the Foreign Account Tax Compliance Act (FATCA).

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I am eligible to invest directly with Janus Henderson because I, and/or a member of my immediate family or household, currently hold accounts directly with Janus Henderson.



X \_\_\_\_\_  
Signature of Owner or Parent/Guardian, if Applicable Date

## U.S. Equity

Contrarian Fund (61)  
Forty Fund (46)  
Growth & Income Fund (40)  
Large Cap Value Fund (35)  
Mid Cap Value Fund (67)  
Research Fund (48)  
Small Cap Value Fund (65)  
Small - Mid Cap Value Fund (85)  
U.S. Growth Opportunities Fund (72)  
U.S. Managed Volatility Fund (26)

## Fixed Income

Absolute Return Income Opportunities Fund (90)  
Developed World Bond Fund (71)  
Flexible Bond Fund (49)  
Global Bond Fund (80)  
High-Yield Fund (57)  
Multi-Sector Income Fund (89)  
Short-Term Bond Fund (52)

## Alternatives

Diversified Alternatives Fund (87)

## Money Market

Government Money Market Fund (38)  
Money Market Fund (37)\*

## Global/International Equity

Asia Equity Fund (83)  
Dividend & Income Builder Fund (33)  
Emerging Markets Fund (39)  
Emerging Markets Managed Volatility Fund (32)  
European Focus Fund (47)  
Global Equity Income Fund (53)  
Global Income Managed Volatility Fund (84)  
Global Life Sciences Fund (59)  
Global Real Estate Fund (31)  
Global Research Fund (41)  
Global Select Fund (62)  
Global Technology Fund (60)  
Global Value Fund (64)  
International Managed Volatility Fund (30)  
International Opportunities Fund (58)  
International Small Cap Fund (63)  
International Value Fund (88)  
Overseas Fund (54)

## Asset Allocation

Adaptive Global Allocation Fund (44)  
Balanced Fund (51)  
Global Allocation Fund - Conservative (78)  
Global Allocation Fund - Growth (76)  
Global Allocation Fund - Moderate (77)  
Value Plus Income Fund (36)

\*Positions in Money Market Fund other than those beneficially owned by natural persons may no longer be opened. If this fund is selected to open an account that is not beneficially owned by a natural person, the purchase will be deposited into Government Money Market Fund.