

# Retirement Plan Account Application

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

**Janus Henderson**  
INVESTORS

Use this form to establish additional accounts at Janus Henderson under your existing employer-sponsored retirement plan (e.g., 401k, PSP, MPPP). In order to establish new accounts directly at Janus Henderson, your plan must already have open accounts held directly with Janus Henderson.

**In a Hurry?**  
fax form to 877-319-3852

## 1. Provide eligibility to open a Janus Henderson account.

As the trustee of this plan, I certify that we have other active retirement accounts for our employees/participants held directly at Janus Henderson.

\_\_\_\_\_  
Signature of Trustee Title Date

Please provide the following information about the **existing** retirement plan:

\_\_\_\_\_  
Name of Retirement Plan

\_\_\_\_\_  
Street Number Street Name Apartment Number

\_\_\_\_\_  
City State Zip Code

If the information outlined above is not provided, Janus Henderson will not be able to establish an account for you.

- 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 important disclosures in Section 9.
- Print in capital letters using black ink.
- Questions? Call 800-525-1093.

## 2. Tell us about the plan. (all fields required unless noted)

**Qualified Retirement Plan**  Yes  No

\_\_\_\_\_  
Name of Retirement Plan

\_\_\_\_\_  
Date of Adoption of Retirement Plan Tax ID Number

\_\_\_\_\_  
For the Benefit of (FBO, Name of Participant), if applicable

\_\_\_\_\_  
Name of Corporation or Entity Sponsoring this Plan

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

Street Number or PO Box	Street Name	Apartment Number
City	State	Zip Code
Phone Number	Additional Phone Number (optional)	

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

Street Number	Street Name	Apartment Number
City	State	Zip Code

**3. Tell us about the plan trustees/plan administrators.**

If there are more than two trustees/plan administrators, please attach a separate sheet.

**Name of Trustee/Plan Administrator**

Has independent capacity to act.

First Name	Middle Initial	Last Name
Social Security Number	Date of Birth	

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

Street Number	Street Name	Apartment Number
City	State	Zip Code

**Name of Co-Trustee/Plan Administrator**

Has independent capacity to act.

First Name	Middle Initial	Last Name
Social Security Number	Date of Birth	

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

Street Number	Street Name	Apartment Number
City	State	Zip Code

#### 4. Certificate of Authorization

**Janus Henderson must obtain proof that the entity sponsoring the plan is a valid, legal US entity. As evidence of this, please provide a copy of the Retirement Plan or Trust Document (first page, signature page, and successor trustee(s) page(s)), Corporate Resolution, Secretary Certificate, Articles of Incorporation, Bylaws or Partnership Agreement, whichever is most applicable to the entity sponsoring this plan.**

If you have any questions, please call a Janus Henderson representative at 800-525-1093.

The undersigned hereby certifies that he/she is the duly elected Secretary of: \_\_\_\_\_  
(Name of Corporation/Organization)

and that the Trustee(s)/Plan Administrator(s) named in Section 3 is/are duly authorized by resolution or otherwise to act on behalf of the Corporation/Organization in connection with the Corporation's/Organization's ownership shares of any mutual fund managed by Janus Henderson (individually, the "Fund" and collectively, the "Funds") including, without limitation, furnishing any such Fund and its transfer agent with instructions to transfer or redeem shares of that Fund payable to any person or in any manner, or to redeem shares of that Fund and apply the proceeds of such redemption to purchase shares of another fund (an "exchange"), and to execute any necessary forms in connection therewith.

If the undersigned is the only person authorized to act on behalf of the Corporation/Organization, the undersigned certifies that he/she is the sole shareholder, director, and officer of the Corporation/Organization and that the Corporation's/Organization's Charter, Articles of Incorporation or Bylaws provide that he/she is the only person authorized to act.

Unless expressly declined the undersigned further certifies that the Corporation/Organization has authorized by resolution or otherwise the establishment of the telephone exchange and telephone redemption by check privileges for the Corporation's/Organization's account with any Fund offering such privilege. If elected the undersigned also certifies that the Corporation/Organization has similarly authorized establishment of the electronic transfer, and telephone redemption by wire for the Corporation's/Organization account with any Fund offering said privileges. Certain transactions may require additional documentation, please refer to the Janus Henderson Prospectus. The undersigned has further authorized each Fund and its transfer agent to honor any written, telephone, or facsimile instructions furnished pursuant to any such privilege by any person believed by the Fund or its transfer agent to their agents, officers, directors, trustees, or employees to be authorized to act on behalf of the Corporation/Organization and agrees that neither the fund nor its transfer agent, their agents, officers, trustees, or employees will be liable for any loss, liability, cost or expense for acting upon any such instructions.

These authorizations shall continue in effect until after the Fund and its transfer agent receive written notice from the Corporation/Organization of any change.

In Witness Whereof, I have hereunto subscribed my name as Secretary and affixed the seal of the Corporation/Organization this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Secretary Signature

Corporate Seal Here (if available)

**5. Which Janus Henderson Fund(s) would you like to own?**

See available Janus Henderson Funds on last page.

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

**6. How would you like to make your initial Janus Henderson fund purchase? (check one)**

- Electronically** – Make a one-time withdrawal of \$ \_\_\_\_\_ from the bank account listed in Section 8.
- Check** – Make your personal check or Cashier’s check payable to **Janus Henderson** and enclose it with your completed application.

**7. 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 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 section 8. 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.

Fund Name	Investment Amount*	Starting Month	Investment Date*	Frequency* <input type="checkbox"/> Monthly <input type="checkbox"/> Every Other Month <input type="checkbox"/> Quarterly
Fund Name	Investment Amount*	Starting Month	Investment Date*	Frequency* <input type="checkbox"/> Monthly <input type="checkbox"/> Every Other Month <input type="checkbox"/> Quarterly

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

**8. 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**.

This is a:  Checking Account  Savings Account



**Please attach a preprinted voided item.**

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

Signature(s) of bank account owner(s), if different from all Janus Henderson account owner(s), are required 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.

**9. Please read and sign below.**

By signing below, I:

- 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.
- Certify that I am the Trustee/Plan Administrator of an existing retirement plan and acknowledge that I am responsible for the tax reporting of this plan as Janus Henderson does not provide tax reporting on these types of accounts.
- Agree to read the prospectus for any Janus Henderson Fund(s) into which I may request an exchange in the future. I understand 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.
- 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 any 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 reinvest all income dividends and capital gains distributions.
- Consent to the ‘householded’ 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.
- Authorize credits/debits to/from the bank account designated in conjunction with the account options selected. I agree that Janus Henderson will 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. All account options selected will become part of the terms, representations and conditions of this application.
- **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 Section 2 and 3 in 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 Section 2 and 3. 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 Taxpayer Identification Number(s) shown on this application is/are correct.
2. The entity is not subject to backup withholding because: (a) the entity is exempt from backup withholding; or (b) the entity has not been notified by the Internal Revenue Service (IRS) that the entity is subject to backup withholding as a result of failure to report all interest or dividends; or (c) the IRS has notified the entity that it is no longer subject to backup withholding. Cross out item 2 if the entity has been notified by the IRS that the entity is currently subject to backup withholding.
3. The entity is a US Corporation located in the United States or a US Territory.
4. The entity is 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.**

**X**

\_\_\_\_\_  
Signature of Trustee/Plan Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Trustee/Plan Administrator (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.