Janus Henderson
INVESTORS

Coverdell ESA Application

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-3713

Use this form to establish a Coverdell Education Savings Account (ESA).

- Both the Student and the Responsible Individual 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 Step 12.
- Read the prospectus carefully before you invest or send money.
- Only one student and one responsible individual are permitted per account.
- Please print or type in black ink.
- **Accounts opened directly with Janus Henderson are only available in the D Share class.**

Questions?
Call 800-525-3713

In a Hurry?
Establish account online at janushenderson.com

- or -

Fax form to 877-319-3852

Step 1 - Provide Student's information (all fields are required)

_____ _____ _____
First Name | Middle Initial | Last Name

_____ _____
Social Security Number | Date of Birth

☐ The responsible individual may not change the student designated under this agreement to another member of the designated student's family. (This provision is effective only if checked at time of account establishment.)

Step 2 - Provide Responsible Individual's information (must be a parent or legal guardian of the student and all fields are required)

_____ _____ _____
First Name | Middle Initial | Last Name

_____ _____
Social Security Number | Date of Birth

☐ The responsible individual shall continue to serve as the responsible individual after the student attains the age of majority and until the termination of the account. (This provision is effective only if checked at time of account establishment.)

Remember to sign on the last page

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Step 3 - Provide Mailing Address and Contact information (If you provide a PO Box, you must also fill out **Physical Address** below.)

Address

City | State | Zip Code

Phone Number | E-mail Address (optional)

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

Address

City | State | Zip Code

Step 4 - Provide the Depositor's information (complete only if the depositor is someone other than the responsible individual)

First Name | Middle Initial | Last Name

Social Security Number | Date of Birth

Address

City | State | Zip Code

Phone Number | E-mail Address (optional)

Remember to sign on the last page

Step 5 - Provide the Janus Henderson funds you would 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 8.

See included list of Janus Henderson Funds. If providing a ticker symbol, please make sure it matches the one on the list provided to prevent any delays in your purchase.

Fund Name or Ticker Symbol	Existing Account Number or "New"	% or $ Amount

Step 6 - Provide how you would like to fund your account (check one)

☐ Annual contribution (*select contribution year; maximum $2,000 per tax year*)

Contribution Year _____*

☐ Transfer of an existing Education Savings Account from another financial institution -
Please enclose a Coverdell ESA Transfer Form.

☐ Rollover of an existing Education Savings Account**

* If contribution year is not stated, purchase will be made as a current year contribution.

**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. Please seek professional tax advice regarding questions about any IRA distributions.

Step 7 - Provide how you would 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 or Cashier's check payable to **Janus Henderson** and enclose it with your completed application.

☐ **Re-registration -** Assets will come from an existing Janus Henderson account.

Remember to sign on the last page

Step 8 - Provide what funds you want to invest in on a regular basis through Janus Henderson's Automatic Investment Program (optional)

Enroll in our Automatic Investment Program (AIP) and we will 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 or by calling a Janus Henderson representative.

_____ _____ Frequency*
Fund Name Investment Amount* ($50 min.)
☐ Monthly
☐ Every Other Month
_____ _____ ☐ Quarterly
Starting Month Investment Date*

_____ _____ Frequency*
Fund Name Investment Amount* ($50 min.)
☐ Monthly
☐ Every Other Month
_____ _____ ☐ Quarterly
Starting Month Investment Date*

_____ _____ Frequency*
Fund Name Investment Amount* ($50 min.)
☐ Monthly
☐ Every Other Month
_____ _____ ☐ 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.

ESA contributions made through 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 a prior-year contribution(s):

☐ **January**

☐ **February**

☐ **March**

☐ **April** (must be on or before the 15th)

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

Remember to sign on the last page

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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**.

This is a:

☐ Checking Account

☐ Savings Account

_____

9-Digit Bank Routing/ABA Number

_____

Checking or Savings Account Number

_____

Bank Name

_____

Owner's Name Exactly as on Bank Account

_____

Joint Owner's Name Exactly as on Bank Account

If the owner(s) of the bank account is anyone other than the owner(s) of the Janus Henderson account, please complete a Bank Options Form or call a Janus Henderson Representative for more information at 800-525-3713

Please attach a *preprinted* voided check.



Don't have a preprinted voided check? Please contact a Janus Henderson representative at: **800-525-3713**.

Remember to sign on the last page

Step 10 - Add a Trusted Contact to Your Account

- A Trusted Contact is a designated individual that Janus Henderson may contact for additional information if there is a concern about account activity and we are unable to reach you
- Your Trusted Contact must be at least 18 years old
- One Trusted Contact will be added to all accounts under the primary owner's Social Security Number
- On accounts with multiple owners, the Trusted Contact information applies only to the first owner listed
- Your Trusted Contact is not authorized to transact on your Janus Henderson account(s)
- This can be changed at any time. To remove a Trusted Contact, please contact Janus Henderson by telephone or submit written instructions. To replace an existing Trusted Contact, please submit a new Trusted Contact Form

Trusted Contact Information

_____ _____ _____

First Name Middle Initial Last Name

_____

Date of Birth

_____ _____

Preferred Phone Number E-mail Address

Mailing Address

_____

Address

_____ _____ _____

City State Zip Code

By providing a Trusted Contact, I authorize Janus Henderson to contact the Trusted Contact Person and disclose information in the following circumstances:

- To prevent the presumption of abandonment
- To address possible financial exploitation
- To confirm my current contact information
- To confirm my health status
- To obtain the identity of any legal guardian(s), executor(s), trustee(s), or holder(s) of a power of attorney
- To obtain information as otherwise permitted by federal or state law

Remember to sign on the last page

Step 11 - Provide beneficiary information

Please designate the individual(s) named below as the beneficiary(ies) of this Education Savings Account. If the student is not survived by any beneficiary, the beneficiary will be the student's estate. Only one primary beneficiary and one secondary beneficiary will be accepted. To qualify for continued treatment of the account as an Education Savings Account, you may want to designate a beneficiary who is a family member of the student and who would be under age 30 at the date of distribution.

Primary Beneficiary

_____ _____ _____

First Name | Middle Initial | Last Name

_____ _____ _____

Social Security Number | Date of Birth | Relationship to Student

_____

Custodian's full name if beneficiary is a minor.

Secondary Beneficiary

(The secondary beneficiary receives account proceeds only if the primary beneficiary passes away before the student.)

_____ _____ _____

First Name | Middle Initial | Last Name

_____ _____ _____

Social Security Number | Date of Birth | Relationship to Student

_____

Custodian's full name if beneficiary is a minor.

Step 12 - Please read and sign

By signing, I:

- (1) establish a Coverdell Education Savings Account (ESA) pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all the terms of the Custodial Agreement on Form 5305-EA; (2) certify that all contributions to the Savings Account 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-EA and the Education Savings Account 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.

Remember to sign on the last page

Step 12 - (continued)

- Certify if this is an Annual Contribution Education Savings Account, **that the student is less than 18 years old or is a Special Needs Student** and all contributions made on student's behalf to this or any other Education Savings Accounts do not exceed $2,000 in a single tax year. If this is a Transfer or Rollover of an existing Education Savings Account, the undersigned certifies that the student is less than 30 years old or is a Special Needs Student.
- Acknowledge having received and read the "Education Savings Account Disclosure Statement" relating to this account (including the Custodian's fee schedule), the Coverdell Education Savings Custodial Account Agreement.
- Agree if this is a contribution from a corporate entity, the undersigned represents that he/she has the requisite authority to sign this application on behalf of such entity and that the establishment of the account and contribution thereto have been duly approved by all requisite corporate actions.
- Acknowledge that adverse income tax consequences (including possible penalties) may apply for providing false or incorrect information and certify that the information provided above is accurate and correct.
- Understand if the student is a minor under the laws of student's state of residence, acceptance by the custodian of the contribution to this account is expressly conditioned upon the agreement of the parent or legal guardian (identified in Section 2) to be responsible for all requirements of the student under the documents governing the account, and to exercise the powers and the duties of the student, with respect to the operation of the account. Upon reaching the age of majority in the state in which the student then resides, the student may advise the custodian in writing (accompanied by such supporting documentation as the custodian may require) that he or she is assuming sole responsibility to exercise all powers and duties associated with the administration of the account. Absent such written notice by the student, custodian shall have no responsibility to acknowledge student's exercise of such powers and duties of administration.
- 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 and this authorization will remain in effect and become part of the account application and terms, representations, and conditions thereof until I notify Janus Henderson in writing or by phone that I wish to revoke this authorization. I understand that my termination request will be processed within a reasonable time frame upon receipt.

Remember to sign on the last page

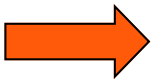
Step 12 - (continued)

- 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 1-3 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 1-3. 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:

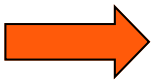
1. The Social Security Number(s) shown on this application are correct.
2. The student is not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure 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. Both the Student and Responsible Individual named on this application are US Citizens or US Resident Aliens residing in the United States or a US Territory.
4. The student 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 Responsible Individual Date



X_____ _____

Signature of Depositor/Donor if Different from Responsible Individual Date

Janus Henderson
INVESTORS

Janus Henderson Funds

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-3713

U.S. Equity

Adaptive Risk Managed U.S. Equity Fund - JRSDX (26)

Contrarian Fund - JACNX (61)

Enterprise Fund - JANEX (50)

Forty Fund - JFRDX (46)

Growth & Income Fund - JNGIX (40)

Mid Cap Value Fund - JNMCX (67)

Research Fund - JNRFX (48)

Small Cap Value Fund - JNPSX (65)

Small-Mid Cap Value Fund - JSVDX (85)

Triton Fund - JANIX (74)

U.S. Dividend Income Fund - JDDVX (34)

Venture Fund - JANVX (45)

Asset Allocation

Adaptive Global Allocation Fund - JAGDX (44)

Balanced Fund - JANBX (51)

Global Allocation Fund - Conservative - JMSCX (78)

Global Allocation Fund - Growth - JNSGX (76)

Global Allocation Fund - Moderate - JNSMX (77)

Fixed Income

Absolute Return Income Opportunities Fund - JUCDX (90)

Developed World Bond Fund - HFADX (71)

Flexible Bond Fund - JANFX (49)

High-Yield Fund - JNHYX (57)

Multi-Sector Income Fund - JMUDX (89)

Short Duration Flexible Bond Fund - JNSTX (52)

Global/International Equity

Asia Equity Fund - JAQDX (83)

Emerging Markets Fund - HEMDX (39)

European Focus Fund - HFEDX (47)

Global Equity Income Fund - HFQDX (53)

Global Life Sciences Fund - JNGLX (59)

Global Real Estate Fund - JNGSX (31)

Global Research Fund - JANWX (41)

Global Select Fund - JANRX (62)

Global Sustainable Equity Fund - JEDTX (73)

Global Technology & Innovation Fund - JNGTX (60)

Overseas Fund - JNOSX (54)

Responsible International Dividend Fund - HDDVX (33)

Money Market

Government Money Market Fund - JGVXX (38)

Money Market Fund - JNMXX (37)*

*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.