

Retirement Plan Account Application

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

Use this form to establish a retirement account at Janus Henderson under your existing employer-sponsored retirement plan (e.g., 401k, PSP, MPPP).

- 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 Step 11.
- Print in capital letters using black ink.
- **Accounts opened directly with Janus Henderson are only available in the D Share class.**

Questions?

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

In a Hurry?

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

Step 1 - Provide us information about the plan (All fields required)

Qualified Retirement Plan

- ☐ Yes
- ☐ No

Name of Retirement Plan

Date of Adoption of Retirement Plan

Taxpayer Identification Number

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

Name of Corporation or Entity Sponsoring this Plan

Remember to sign on the last page

Step 2 - Provide the mailing address and contact information for the plan (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 3 - Provide us information about the Trustee/Plan Administrator (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.)

Address

City

State

Zip Code

Remember to sign on the last page

Step 4 - Provide us information about the Co-Trustee/Plan Administrator

Name of Co-Trustee/Plan Administrator

☐ Has independent capacity to act.

First Name	Middle Initial	Last Name
<hr/>		
Social Security Number	Date of Birth	
<hr/>		

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

<hr/>		
Address		
<hr/>		
City	State	Zip Code

Step 5 - 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 (page(s) showing trust name and trustees, 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.

Remember to sign on the last page

Step 5 - (Continued)

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 _____.

Corporate Seal Here (if available)

X _____
Secretary Signature

Step 6 - Provide the Janus Henderson funds you would like to own

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	% or \$ Amount
_____	_____
Fund Name or Ticker Symbol	% or \$ Amount
_____	_____
Fund Name or Ticker Symbol	% or \$ Amount
_____	_____
Fund Name or Ticker Symbol	% or \$ Amount

Remember to sign on the last page

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.

Step 8 - Provide which 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.)	<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*	

_____	_____	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.

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**.

This is a:

- ☐ Checking Account
- ☐ Savings Account

9-Digit Bank Routing/ABA Number

Checking or Savings Account Number

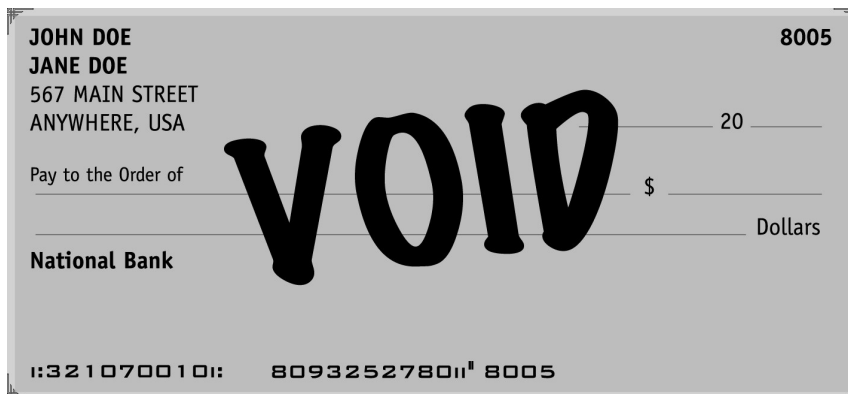
Bank Name

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 800-525-1093

Please attach a *preprinted* voided check.



Don't have a preprinted voided check? Please contact a Janus Henderson representative at: **800-525-1093**.

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 your 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 - Please read and sign

By signing, 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 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 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.
- **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.

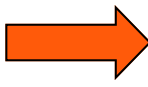
Remember to sign on the last page

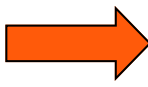
Step 11 - (continued)

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

 X _____
Signature of Co-Trustee/Plan Administrator (if applicable) Date

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 - JSV DX (85)
Triton Fund - JANIX (74)
U.S. Dividend Income Fund - JDDVX (34)
Venture Fund - JANVX (45)

Asset Allocation

Balanced Fund - JANBX (51)
Global Allocation Fund - Conservative - JM SCX (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 - JNH YX (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.