

Trust/Estate Account Application

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

Use this form to establish a trust or estate account at Janus Henderson. This form may also be used to establish a conservator or guardian account. Please contact a Janus Henderson representative at 800-525-3713 for more information.

- Trust/Estate must be established and located in the United States 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 9.
- Read the prospectus carefully before you invest or send money.
- Please print or type in black ink.
- **Accounts opened directly with Janus Henderson are only available in the D Share class.**

In a Hurry?

Fax form to 877-319-3852

Questions?

Call us at 800-525-3713

Step 1 - Provide Trust/Estate Information (all fields required)

Name of Trust/Estate

Date Trust was Established

Trust's Social Security Number (e.g. Living Trust)

- or -

Trust's/Estate's Taxpayer Identification Number

To establish a trust account we require copies of certain pages of the trust document. Please provide the pages that contain the following information:

- ☐ Name of the trust
- ☐ Under agreement date
- ☐ Name of the trustee(s)
- ☐ Name of the successor trustee(s)
- ☐ The signature page

To establish an estate account we require the following :

- ☐ Original certified appointment document dated within the past 12 months which names the executrix/executor of the estate

Remember to sign on the last page

Step 2 - Provide Trustee/Estate Representative Information (all fields required)

Name of Trustee/Estate Representative

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

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

Address		
_____	_____	_____
City	State	Zip Code
_____	_____	
Preferred Phone Number (required)	E-Mail Address (optional)	

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

Address		
_____	_____	_____
City	State	Zip Code

Remember to sign on the last page

Step 3 - Provide Co-Trustee/Estate Representative Information (if applicable and all fields required)

Name of Co-Trustee/Estate Representative

First Name

Middle Initial

Last Name

Social Security Number

Date of Birth

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

☐ Check here if address is the same as the other trustee/estate representative

Address

City

State

Zip Code

Preferred Phone Number (required)

E-Mail Address (optional)

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

☐ Check here if address is the same as the other trustee/estate representative

Address

City

State

Zip Code

Remember to sign on the last page

Step 4 - Provide how you would like to make your initial Janus Henderson fund purchase

Select one:

- ☐ **Electronically** – Make a one-time withdrawal of \$_____ from the bank account listed in Step 7.
- ☐ **Check** – Make your personal check or Cashier’s check payable to **Janus Henderson** and enclose it with your completed application.
- ☐ **Transfer in kind from an existing Janus Henderson account** – Use this option when assets are being re-registered from an existing individual or joint account. Proceed to Step 6.

Step 5 - Provide the Janus Henderson funds you would like to own The minimum initial investment is \$2,500 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 6.

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
Fund Name or Ticker Symbol	Existing Account Number or “New”	% or \$ Amount
Fund Name or Ticker Symbol	Existing Account Number or “New”	% or \$ Amount
Fund Name or Ticker Symbol	Existing Account Number or “New”	% or \$ Amount
Fund Name or Ticker Symbol	Existing Account Number or “New”	% or \$ Amount
Fund Name or Ticker Symbol	Existing Account Number or “New”	% or \$ Amount
Fund Name or Ticker Symbol	Existing Account Number or “New”	% or \$ Amount

Remember to sign on the last page

Step 6 - Provide the 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 7. Your AIP may generally be modified or cancelled at any time by visiting janushenderson.com or by calling a Janus Henderson representative.

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

Remember to sign on the last page

Step 7 - 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 8 - 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 trustee'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 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.
- I 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.
- I 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 semi-annual 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.
- I 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.
- I authorize the Fund and its agents to establish check and telephone redemption privileges and telephone and online 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.
- I 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 the information for a nonbank account, Janus Henderson will price my purchase at the net asset value next determined after Janus Henderson received 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.
- I acknowledge, pursuant to the Emergency Economic Stabilization Act of 2008, Janus Henderson is required to track and report cost basis information on the sale (redemption or exchange) of Covered Shares (shares purchased on or after 1/1/2012) to the Internal Revenue Service (IRS). Reporting is not required for Uncovered Shares (shares purchased before 1/1/2012). Janus Henderson utilizes Average Cost as the default method for tracking and reporting cost basis. If you wish to elect a different method for your account, please cross out this statement and include signed written instructions indicating your desired cost basis method. Alternate elections will apply only to Covered Share purchases.

Remember to sign on the last page

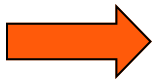
Step 9 - (continued)

- **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 2&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 2&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 Numbers/Tax Identification Numbers shown on this application are correct.
2. I/Entity 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. The entity is established and located in the United States or a US Territory.
4. I/Entity 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.



X

Signature of Trustee/Estate Representative

Date



X

Signature of Co-Trustee/Estate Representative (if applicable)

Date

Janus Henderson Funds

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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 - 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.

Certificate of Trust

PO Box 219109 • Kansas City, MO 64121-9109 • 800-240-4313

Use this form to certify your Trust. Please print or type in black ink.

Questions?

Call us at 800-240-4313

Step 1 - Provide Trust Information (all fields required unless otherwise noted)

Name of Trust

Date Trust was Established

Account Number (optional)

Name of Grantor/Trustor

Name of Grantor/Trustor

Trust's Social Security Number (e.g. Living Trust)

- or -

Trust's Taxpayer Identification Number

Step 2 - Revocability

☐ **The Trust is revocable.**

Name of the individual(s) with the ability to revoke the Trust: _____

☐ **The Trust is irrevocable.**

Step 3 - Provide Trustee Information (all fields required)

Name of Trustee

First Name

Middle Initial

Last Name

Remember to sign on the last page

Step 4 - Provide Co-Trustee (if applicable and all fields required)

Note: If there are additional Trustees please complete an additional Certificate of Trust.

Name of Co-Trustee

First Name

Middle Initial

Last Name

Step 5 - Please read and sign below

By signing below I/we certify:

- Trustees listed in Steps 3 and 4 are the currently acting Trustees of the Trust.
- The Trust is valid and in full force and effect as of the date of this certification and the Trust has not been terminated, revoked, modified, or amended in any manner that would cause the representation contained in this Certificate of Trust to be incorrect.
- The Trust exists under applicable state laws.
- Trustee(s) agree to inform Janus Henderson of any amendment of the Trust that would impact the information in this certification.
- Trustee(s) have the full power and authority under the Trust document and applicable law to open accounts, close accounts, enter in cash transactions for the purchase and sale of investments available through Janus Henderson.
- Trustee(s) acknowledge that Janus Henderson may not have reviewed the Trust document and understand that Janus Henderson is relying on the statements made in this certification.
- Each Trustee agrees on behalf of the Trust to indemnify and hold Janus Henderson and their respective officers, employees, and agents harmless from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by Janus Henderson for relying in good faith on this certification.



X

Signature of Trustee

Date



X

Signature of Co-Trustee

Date

Step 6 - Notary Public Information

State of: _____

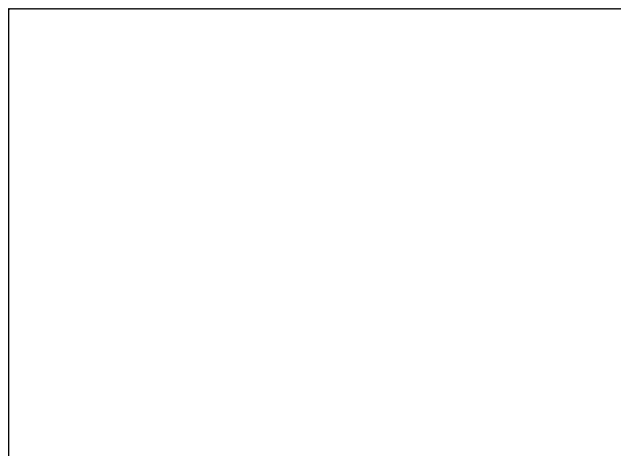
County of: _____

Subscribed and Sworn to Before me by the said

on the _____ day of _____, 20____.

X

Signature of Notary Public



Notary Public Seal