Account Application

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

Janus Henderson INVESTORS

Use this form to establish an Individual/Joint Non-Retirement account at Janus Henderson. **Please do not use this form to establish any type of Janus Henderson IRA.**

- 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 9.
- Read the prospectus carefully before you invest or send money.
- Please print or type using black ink.
- **Accounts opened directly with Janus Henderson are only available in the D Share class.**

Questions?
Call us at **800-525-3713**

In a Hurry?
Open an account online at **janushenderson.com**
- or -
Fax form to **877-319-3852**

Step 1 - Provide the name(s) and address(es) you would like on your account

Owner (all fields required unless noted)

_____ _____ _____
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

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Step 1 - (continued)

Joint Owner (if applicable)

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____ Date of Birth _____

☐ **Check here if Joint Owner's mailing address is the same as the primary owner.**

Joint Owner's 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) _____

Joint Owner's Physical Address (Required, if different from above. No PO Box addresses.)

Address _____

City _____ State _____ Zip Code _____

Remember to sign on the last page

Step 2 - 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 4.

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

Step 3 - Provide how you would like to make your initial fund purchase (select one)

☐ **Electronically** – Make a one-time withdrawal of $ _____ from the bank account listed in Step 5.

☐ **Check** – Make your personal check or Cashier's check payable to **Janus Henderson** and enclose it with your completed application.

Remember to sign on the last page

Step 4 - 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 5. 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*

_____ _____ 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.

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

Remember to sign on the last page

Step 5 - 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 6 - Provide who you would like to add as a Transfer on Death (TOD) beneficiary(ies) to your account (optional)

Please see *Guidelines for Transfer on Death (TOD) Registration* in Step 9.

If applicable, any beneficiary who passes away before the account owner will have their share divided proportionally among the surviving beneficiaries. If you have more than four primary beneficiaries please attach a separate sheet. **The sum of all primary beneficiary designations must equal 100%.**

Primary Beneficiary #1

_____ _____
Name **% of Account**

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

_____ _____
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

_____ _____
Name **% of Account**

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

_____ _____
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

_____ _____
Name **% of Account**

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

_____ _____
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

_____ _____
Name **% of Account**

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

_____ _____
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%): 0.00

Remember to sign on the last page

Step 7 - Provide who you would like to add as a Secondary (Contingent) Transfer on Death (TOD) beneficiary(ies) to your account (optional)

Secondary (Contingent) beneficiaries receive assets **ONLY** if no primary beneficiary survives you. Do **NOT** list any primary beneficiaries here. If you have more than four secondary beneficiaries please attach a separate sheet. **The sum of all secondary beneficiary designations must equal 100%.**

Secondary Beneficiary #1

_____ _____
Name **% of Account**

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

_____ _____
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

_____ _____
Name **% of Account**

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

_____ _____
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

_____ _____
Name **% of Account**

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

_____ _____
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

_____ _____
Name **% of Account**

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

_____ _____
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%): 0.00

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 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 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.
- 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.
- Agree that if we opened a joint account that we will be joint tenants with rights of survivorship (unless otherwise indicated, or if we are residents of Louisiana).
- 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 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.
- 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.
- 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 the most recent 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.
- 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)

- 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.
- **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 Step 1 in its 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 Step 1. 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.

Guidelines for Transfer on Death (TOD) Registration:

- Transfer on Death ("TOD") is a form of ownership that enables the owner of an account to transfer ownership directly to a designated beneficiary upon the death of the owner(s). The ownership of the account generally passes to the beneficiary(ies) outside of probate. The beneficiary has no rights with respect to the account until the owner (or, in the case of joint owners, the last surviving owner) dies, and no instructions can be accepted from, or information provided to, such beneficiary. Since TOD directions affect the disposition of your property at your death, you should consult with an attorney or estate planning professional to ensure that your directions are consistent with your estate and tax planning objectives.
- TOD registration is only available for accounts registered in the name of an individual, or in the name of two or more individuals holding the account as joint owners with rights of survivorship ("JTWROS") or tenants by the entirety ("TEN ENT").
- The beneficiary may be one or more individuals, a trust, a corporation, a partnership or other legal entity. Designations such as Lineal Descendants or Lineal Descendants Per Stirpes ("LDPS") are not permitted. Complex beneficiary requests should be accomplished through a Will or Trust.
- If the beneficiary(ies) fails to survive the account owner(s), the account will be treated as belonging to the estate of the last surviving owner. If a beneficiary survives the account owner(s), but dies prior to receiving his or her portion of the account, the assets will belong to the estate of the beneficiary. If multiple beneficiaries are named and one or more predeceases the owner, their share of the account will be divided proportionally among the surviving beneficiaries.
- If the account owner designated his or her spouse as the TOD beneficiary, and subsequently the account owner and beneficiary divorce, the divorce does not automatically revoke the beneficiary designation. The account owner must change the beneficiary designation in clear written instructions to be effective.
- The account owner(s) may change or revoke a TOD registration by sending clear written instructions to Janus Henderson, signed by the account owner(s).
- Janus Henderson Services US LLC does not have a duty to locate beneficiaries, to determine the marital status of the account owner(s), or to determine any other fact which may affect a transfer pursuant to a TOD registration of any account.
- These guidelines are subject to change at any time without prior notice.

Remember to sign on the last page

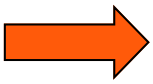
Step 9 - (continued)

The undersigned has read and understands the Transfer on Death Guidelines. Each of the undersigned, on behalf of myself/ourselves and my/our successors, heirs and beneficiaries, agree to indemnify and hold harmless Janus Henderson Services US LLC, Janus Henderson Distributors, Janus Investment Fund and each series thereunder, Janus Henderson Investors US LLC, Janus Henderson Group plc, their affiliates and subsidiaries, and all of their officers, trustees/directors, employees, agents and representatives against any loss, claim or expense (including reasonable attorney's fees) to the extent that any transfer on death effected pursuant to these instructions is alleged or found for any reason to have been invalid or ineffective for any reason, conflicts with any other designation of beneficiary, or creates any unfavorable or adverse tax or legal consequences to the undersigned or his or her heirs or beneficiaries.

Under penalty of perjury, I certify that:

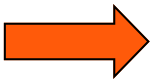
1. The Social Security Number(s) shown on this application is correct.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to 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.



X_____ _____

Signature of Owner Date



X_____ _____

Signature of Joint Owner (if applicable) 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.