

Inheriting an IRA - Entity Beneficiary Checklist

PO Box 219109 • Kansas City, MO 64121-9109 • 800-241-1838

Re-registration Requirements

Questions?

call us at 800-241-1838

This can be a difficult time so Janus Henderson has made this process as simple as possible. There are a few items required to complete this process. If at any time you have questions, please reach out to a Janus Henderson Representative.

Initial Steps

- ☐ Completed Janus Henderson IRA Beneficiary Claim Form—Entity Beneficiary
- ☐ **Original** death certificate (photocopies not accepted)
- ☐ Tax waiver if required by the Decedent's state of residence (Please see requirements on the next page or contact a Janus Henderson Representative for more information)
- ☐ **Certified copy** of documents identifying who has authority to act for the entity (dated within the last 6 months)
- ☐ Completed Janus Henderson Certification of Beneficial Owner of Legal Entity Customers Form
- ☐ **Required Minimum Distribution (RMD)**
 - An RMD may be required for the deceased investor's account in the year of death. Please see requirements on the next page or contact a Janus Henderson Representative for more information.

Next Steps

- Once the items listed above are received in good order, your new account will be created and a confirmation will be sent with your new account information.
- A follow up letter will also be sent to you to explain your beneficiary payout options as **distributions are generally required**. As an alternative, you may discuss your options and establish a method for withdrawals by contacting a Janus Henderson Retirement Representative at 800-241-1838.
- Before taking any distributions or withdrawals as an inheritor, we recommend you seek professional tax advice.

Inheritance Tax Waiver States and Requirements

The following states have certain requirements for inheritance tax waivers. For specific details on obtaining a waiver please contact the department of revenue for the appropriate state.

- **Alabama** - Not required if account owner died after 12/31/2004
- **Indiana** - Not required if transferred to the surviving spouse or if the account owner died after 12/31/2012
- **Ohio** - Not required if transferred to the surviving spouse, value is less than \$25,000 as of the date of death or if account owner died after 12/31/2012
- **Oklahoma** - Not required if transferred to spouse or if account owner died after 12/31/2009
- **Pennsylvania** - Not required if transferred to spouse
- **Puerto Rico** - Required
- **Tennessee** - Not required if account owner died after 12/31/2015

Required Minimum Distribution (RMD) for deceased owner

- An RMD is the amount that must be withdrawn on an annual basis from a Traditional, SEP or SARSEP IRA in accordance with IRS regulations. The original account owner must start taking their required minimum distribution (RMD) upon reaching the required beginning date.
- If the IRA owner died before reaching the required beginning date, no RMD is required until the next year.
- If the IRA owner died after April 1 following the required beginning date, any undistributed RMD amount must be distributed in the year of death by December 31.
- This amount is based on the original owner's RMD calculation and reported under the beneficiary's Tax ID.
- **An RMD is not required for the original owner of a Roth IRA.**

IRA Beneficiary Claim Form—Entity Beneficiary

PO Box 219109 • Kansas City, MO 64121-9109 • 800-241-1838

Use this form to establish an account when the original IRA owner is deceased and an entity, such as a corporation, business, charity, etc., have been designated as a beneficiary (inheritor). Each inheritor must complete a separate claim form.

Questions?

Call us at **800-241-1838**

Here are a few important things to know before starting:

- For Inherited IRAs registered in the name of an entity or corporation, provide the full legal name of the entity.
- There are many options to consider when inheriting an IRA. Janus Henderson encourages you to consult with a tax advisor and/or financial planner before making any choices.
- The inherited assets will be transferred to the same fund as the original account. If you would like to exchange to a different fund at a later date, please contact a Janus Henderson representative or visit janushenderson.com.
- In the event of an IRA participant's death, the representative of the decedent's estate or the IRA beneficiary(ies) may request a date-of-death valuation of the decedent's IRA pursuant to IRS Revenue Procedure 89-52.
- You must be a US Citizen or US Resident Alien residing in the United States or a US Territory to open a Janus Henderson account. Shares inherited by an IRA beneficiary who does not meet this requirement must be immediately liquidated (mandatory tax withholding rules may apply).
- **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.

There are two parts to filling out this claim form:

- **Steps 1-6 will provide Janus Henderson information about the account owner that has passed away and help finalize any Required Minimum Distributions (RMD) that may need to be taken on their behalf.**
- **Steps 7-9 will be used to establish a new account for the inheritor of the assets.**

Step 1 - Please include an original certified death certificate

- This is used as proof of death for the original owner.
- Original death certificates and/or court documents will be returned to the address listed in Step 7. If you would like it sent somewhere else please include a note stating where to send it.
- Photocopies will not be accepted.

Remember to sign on the last page

Step 2 - Deceased IRA Owner's Information

First Name

Middle Initial

Last Name

Social Security Number

Date of Birth

Date of Death

Age at Death (Years, Months)

Step 3 - Does a Required Minimum Distribution (RMD) need to be satisfied for the Decedent's year of death?

An RMD is not required for the original owner of a Roth IRA.

- ☐ Yes, RMD needs to be taken. **(Proceed to Step 4)**
- ☐ No, RMD for deceased owner is not required. **(Proceed to Step 7)**

Notes:

- The RMD will be distributed proportionately from all inherited funds.
- If there is more than one beneficiary, each beneficiary should distribute their portion of the deceased owner's RMD before 12/31 in the year of death (if applicable).
- Any missed distributions (excess accumulations) may be subject to an IRS excise tax of up to 50%.
- Due to the complexity of any missed RMDs for either the original owner or beneficiary, you may need to include a letter of instruction. Should you have any questions, please consult a tax advisor and/or financial planner or see IRS Publication 590-B.

Step 4 - If an RMD is required, would you like to have Janus Henderson calculate the amount or have another amount taken?

- ☐ Have Janus Henderson calculate the amount.
- ☐ I have calculated the RMD, please distribute this amount: \$ _____
(If the amount is over \$10,000, we will contact you as other documentation may be needed.)

Step 5 - Where would you like us to send the RMD?

- ☐ Use the assets to open a new non-retirement account.
- ☐ Deposit the assets into my existing non-retirement account.

Account Number: _____

- ☐ Send the assets to the address in Step 7.

Remember to sign on the last page

Step 6 - Tax Withholding Election for RMD (Required)

If NO option is selected, IRS regulations require federal income tax to be withheld at a rate of 10% from your distribution(s). Any applicable mandatory state income tax will also be withheld at your state's required minimum rate. Review the notes below.

The IRS default withholding rate is 10%. You can choose to have a different rate – including any rate from zero to 100%. You can find the current version of IRS Form W-4R online at www.irs.gov for further instructions and a rate table that helps you choose a rate appropriate for your tax situation. You cannot choose a rate of less than 10% for payments delivered outside the United States or its territories. Any applicable mandatory state income tax will also be withheld at your state's required minimum rate.

Form W-4R/OMB NO. 1545-0074

☐ **I do not want any federal income tax withheld on my distribution(s).**

I understand that I will be responsible for paying the income tax (if any) which may be due as a result of these distribution(s). If required by my state, mandatory withholding for state income tax will be taken at my state's required minimum rate.

☐ **Please withhold federal income tax on my distribution(s) at the rate of _____ %**

I understand that Janus Henderson will remit any income tax which has been withheld to the Internal Revenue Service on my behalf. If required by my state, mandatory withholding for state income tax will be taken at my state's required minimum rate.

Notes:

- **It is NOT necessary to complete, sign and return IRS Form W-4R with this distribution form.**
- **If NO box is selected, federal income tax will be taken at an IRS default rate of 10% along with any mandatory state income tax for a Traditional IRA, SEP IRA or SAR-SEP IRA; a Roth IRA will default to no withholding.**
- Any amounts withheld cannot be reimbursed by Janus Henderson.
- If you elect not to have withholding apply to your distribution(s), or if you do not have enough federal income tax withheld from your distribution(s), you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution(s). Whether or not you elect to have withholding apply, you are responsible for any federal income taxes, state and local taxes, and any penalties that may apply to your distribution(s).
- This distribution(s) will be reported to the IRS and the state of your residence, if applicable, as taxable income. The address on the account registration at the time of the distribution(s) will determine the state of residence for state withholding purposes.

Remember to sign on the last page

Step 7 - Entity Information

Name of Entity

Entity Tax Identification Number

Please indicate the type of entity:

- ☐ Association/Hospital
- ☐ Bank/Nominee
- ☐ Brokerage Firm
- ☐ C Corporation
- ☐ Charity/Foundation
- ☐ Church
- ☐ Insurance Company
- ☐ Investment Club
- ☐ Limited Liability Company (Enter tax classification C=C Corporation, S=S Corporation, P=Partnership): _____
- ☐ Partnership
- ☐ Public Company (Ticker Symbol: _____)
- ☐ S Corporation
- ☐ Sole Proprietor
- ☐ Trust Company
- ☐ Other: _____

Mailing Address (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

Remember to sign on the last page

Step 8 - Certificate of Authorization

Please include one of the following (with the exception of a Partnership Agreement or Operating Agreement, the document must be dated within 6 months):

- ☐ Articles of Incorporation
- ☐ Bylaws or Partnership Agreement
- ☐ Corporate Resolution
- ☐ Secretary's Certificate
- ☐ Board Meeting Minutes
- ☐ Other: _____

The undersigned hereby certifies that she/he is the duly elected Secretary of:

Name of Corporation/Organization

And that the following individual(s):

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

Remember to sign on the last page

Step 8 - Certificate of Authorization (continued)

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's 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

Remember to sign on the last page

Step 9 - Please read and sign below

By signing below, I:

- **Agree that the information provided is accurate. I have read the most current version of IRS Form W-4R, and I certify the tax withholding election made in Step 6 is correct based on my individual tax situation.**
- (1) establish an Individual Retirement Account (IRA) pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all the terms of the Custodial Agreement on Form 5305-A, 5305-SEP or 5305-RA (whichever is applicable); (2) appoint State Street Bank and Trust Company, or its successors, as custodian on the account; (3) agree that I have received, read, accepted and specifically incorporated herein the Custodial Agreement on Form 5305-A, 5305-SEP or 5305-RA (whichever is applicable) and the IRA Disclosure Statement; (4) agree to promptly give instructions to the custodian necessary to enable the custodian to carry out its duties under the Custodial Agreement; (5) agree that this account will be subject to the Custodial Agreement as amended from time to time; and (6) 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.
- 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 reinvest all income dividends and capital gains distributions in the distributing fund.
- Authorize the Fund and its agents to establish check and telephone redemption privileges on my account.
- Consent to the 'household' 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.
- Agree that the information provided is accurate. Any required minimum distributions are my responsibility. Janus Henderson will not be held liable for any failure to distribute. Due to the important tax consequences associated with retirement plan distributions, I have been advised to consult with a tax advisor.
- **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 the registration section 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 the registration section. 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 net asset value (NAV).

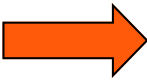
Remember to sign on the last page

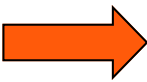
Step 9 - Continued

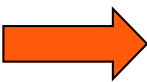
Under penalty of perjury, I certify that:


- 1. The Social Security and Tax Identification Number(s) shown on this application are 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 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 Authorized Officer	Title	Date

	X		
	Signature of Authorized Officer	Title	Date

	X		
	Signature of Authorized Officer	Title	Date

	X		
	Signature of Authorized Officer	Title	Date

IRA Distribution Form

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

Use this form for a one-time distribution or to set up automatic distributions from your Janus Henderson IRA.

Questions?

Call us at 800-525-1093

- Please type or print using black ink.
- Please complete all sections of the form unless otherwise noted.
- 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. This "One-Rollover-Per-Year" rule does not apply to IRA transfers, conversions, recharacterizations, or direct rollovers to or from a qualified plan. Please seek professional tax advice regarding questions about any IRA distributions.
- **Please do not use this form to request distributions for an Inherited IRA.**

Step 1 - Provide all your information

First Name

Middle Initial

Last Name

Address

City

State

Zip Code

Phone Number

Social Security Number (required)

Date of Birth (required)

Step 2 - What type of distribution would you like to make?

Select one:

- ☐ One-time Distribution (proceed to Step 3)
- ☐ Set Up Automatic Distributions (proceed to Step 4)

Note: If you would like to do a one-time distribution and also set up an automatic distribution please complete a separate form for each request.

Remember to sign on the last page

CONTINUED ON NEXT PAGE

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Step 3 - One-time distribution amount (please select one)

- ☐ Required Minimum Distribution (RMD)* (**complete beneficiary information in Step 5**)
- ☐ Specific Dollar, Share or Percentage Amount (**choose allocation in Step 6**)

Step 4 - Set Up Automatic Distributions (complete both parts)

Part 1 (please select one)

- ☐ Required Minimum Distribution (RMD)* (**complete beneficiary information in Step 5**)
- ☐ Specific Dollar, Share or Percentage Amount (**choose allocation in Step 6**)
- ☐ Series of Substantially Equal Periodic Payments (call for details)

Part 2 (please select one)

Choose The Frequency of Your Automatic Distribution:

- ☐ Monthly
- ☐ Bimonthly (every other month)
- ☐ Quarterly
- ☐ Semiannually
- ☐ Annually

Choose a start date:

____/____/____
Start Date (MM/DD/YYYY)

Note: We will process your automatic transaction on or about the 24th of the month, unless you specify another date. Start date does not apply to one-time transactions. One-time transactions will be processed at the next calculated net asset value as of the date this form is received and in good order. Unless otherwise specified, bimonthly means February, April, June, August, October and December; quarterly means March, June, September and December; semiannually means June and December; and annually means December. Unless otherwise requested automatic transactions will default to annually and begin on the next available date.

* Janus Henderson will calculate your Required Minimum Distribution (RMD) based off the information in Step 5

Remember to sign on the last page

Step 5 - Required Minimum Distribution (RMD) Calculation - Complete this step **only** if you indicated in Step 3 or 4 that you are taking your RMD. For Janus Henderson to calculate your RMD, please provide the following beneficiary information:

- ☐ **Beneficiary is your spouse** (includes if your beneficiary is a trust and your spouse is the sole primary beneficiary).

Spouse's Name

Date of Birth

- ☐ **Beneficiary is not your spouse.**

Required information: Please provide us with the prior year-end value of any previous retirement accounts that were transferred or rolled over to Janus Henderson during the current year:

\$ _____

Step 6 - Provide which Fund(s) / Account(s) you would like to take your distribution from.
Please make sure to indicate: \$ Amount, # of Shares, % or All

- ☐ Proportionally from all funds based on their prior year-end balance **(RMDs only)**.
- ☐ From the following funds:

_____ Fund Name or Number	_____ Account Number	<input type="checkbox"/> \$ Amount, <input type="checkbox"/> # of Shares, <input type="checkbox"/> % or <input type="checkbox"/> All
_____ Fund Name or Number	_____ Account Number	<input type="checkbox"/> \$ Amount, <input type="checkbox"/> # of Shares, <input type="checkbox"/> % or <input type="checkbox"/> All
_____ Fund Name or Number	_____ Account Number	<input type="checkbox"/> \$ Amount, <input type="checkbox"/> # of Shares, <input type="checkbox"/> % or <input type="checkbox"/> All
_____ Fund Name or Number	_____ Account Number	<input type="checkbox"/> \$ Amount, <input type="checkbox"/> # of Shares, <input type="checkbox"/> % or <input type="checkbox"/> All

Notes:

If you have elected to have Janus Henderson calculate your RMD automatically, we will update the amount each year based on the prior year-end value. Due to the complexities of RMD rules you may want to contact a Janus Henderson Representative to have your RMD reviewed each year to make sure you are meeting your IRS requirements. Failure to do so may result in a distribution amount different than expected. If no option is checked, we will calculate your RMD.

Remember to sign on the last page

Step 7 - What type of distribution is this? (Please select one)

- ☐ **Normal Distribution** - I am age 59½ or older.
- ☐ **Premature Distribution** - I am under age 59½.
- ☐ **Premature Distribution with Exception** - I am under age 59½, however, these distributions constitute a Series of Substantially Equal Periodic Payments and are not subject to the 10% penalty tax for early distributions.
(Please select one)
 - ☐ Single Life Calculation
 - ☐ Joint Life Calculation
 - ☐ Uniform Calculation
 - ☐ Other _____ (Call a Janus Henderson Retirement Representative at 800-525-1093)
- ☐ **Disability**
- ☐ **Death** - Please call 800-525-1093 for specific distribution instructions.
- ☐ **Direct Rollover** - (complete Step 10) Used only to move an IRA into a Qualified Retirement Plan. Do not select if moving an IRA or Roth IRA into another IRA or Roth IRA.
- ☐ **Return of Excess Contribution**

Contribution Year _____

Amount of Excess \$ _____ (Janus Henderson will calculate and distribute applicable earnings on the excess amount, if any)

Remember to sign on the last page

Step 8 - Tax Withholding Election (Required)

If NO option is selected, IRS regulations require federal income tax to be withheld at a rate of 10% from your distribution(s). Any applicable mandatory state income tax will also be withheld at your state's required minimum rate. Review the notes below.

The IRS default withholding rate is 10%. You can choose to have a different rate – including any rate from zero to 100%. You can find the current version of IRS Form W-4R online at www.irs.gov for further instructions and a rate table that helps you choose a rate this is appropriate for your tax situation. You cannot choose a rate of less than 10% for payments delivered outside the United States or its territories. Any applicable mandatory state income tax will also be withheld at your state's required minimum rate.

Form W-4R/OMB NO. 1545-0074

☐ **I do not want any federal income tax withheld on my distribution(s).**

I understand that I will be responsible for paying the income tax (if any) which may be due as a result of these distribution(s). If required by my state, mandatory withholding for state income tax will be taken at my state's required minimum rate.

☐ **Please withhold federal income tax on my distribution(s) at the rate of _____ %**

I understand that Janus Henderson will remit any income tax which has been withheld to the Internal Revenue Service on my behalf. If required by my state, mandatory withholding for state income tax will be taken at my state's required minimum rate.

Notes:

- **It is NOT necessary to complete, sign and return IRS Form W-4R with this distribution form.**
- **If NO box is selected, federal income tax will be taken at an IRS default rate of 10% along with any mandatory state income tax for a Traditional IRA, SEP IRA or SAR-SEP IRA; a Roth IRA will default to no withholding.**
- Withholding is not an option on return of excess requests.
- Any amounts withheld cannot be reimbursed by Janus Henderson.
- If you elect not to have withholding apply to your distribution(s), or if you do not have enough federal income tax withheld from your distribution(s), you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution(s). Whether or not you elect to have withholding apply, you are responsible for any federal income taxes, state and local taxes, and any penalties that may apply to your distribution(s).
- This distribution(s) will be reported to the IRS and the state of your residence, if applicable, as taxable income. The address on the account registration at the time of the distribution(s) will determine the state of residence for state withholding purposes.

Remember to sign on the last page

Step 9 - Choose where you would like your distribution sent (please select one)

A signature guarantee may be required for the following options (see the requirements in Step 12).

☐ Send my distribution(s) to my new or existing non-retirement account at Janus Henderson:

_____	_____	_____
Fund Name or Number	Existing Account Number or "New"	% or \$ Amount
_____	_____	_____
Fund Name or Number	Existing Account Number or "New"	% or \$ Amount
_____	_____	_____
Fund Name or Number	Existing Account Number or "New"	% or \$ Amount

- ☐ Send my distribution(s) to the address of record.
- ☐ Send my distribution(s) to the bank of record.

Remember to sign on the last page

Step 9 - (continued)

- ☐ Send my distribution(s) to the following bank (applies only if bank is other than the current bank of record):

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 9 - (continued)

☐ Send my distribution(s) to the following Third Party (signature guarantee required):

<hr/>		<hr/>
Name of Third Party, Entity, Custodian or Bank		Account Number
<hr/>		
Address		
<hr/>		
<hr/>	<hr/>	<hr/>
City	State	Zip Code

Step 10 - Complete this step only if this a Direct Rollover to a Qualified Plan - Signature guarantee is required (see Step 12)

Send my direct rollover to the following Qualified Plan:

<hr/>		
Name of Financial Institution or Custodian		
<hr/>		
Address		
<hr/>		
<hr/>	<hr/>	<hr/>
City	State	Zip Code
<hr/>		
<hr/>	<hr/>	
Name on Account	Financial Institution or Custodian Phone Number	
<hr/>		
Qualified Plan Account Number		

Type of Qualified Plan this direct rollover is going into (contact the plan administrator for any additional requirements):

- ☐ 401(k)
- ☐ 403(b)
- ☐ 457(b)
- ☐ 401(a) (Defined Benefit Plan to Purchase Service Credit)
- ☐ Other _____ (Do not select an IRA or Roth IRA)

Note: Janus Henderson does not provide any certification of any after-tax amounts.

Remember to sign on the last page

Step 11 - Please read and sign

- **By signing below, I agree that the information provided is accurate. I have read the most current version of IRS Form W-4R, and I certify the tax withholding election made in Step 8 is correct based on my individual tax situation.**
- **The required minimum distribution (RMD) is my responsibility. Furthermore, if due to my redemption or exchange activity the systematic distribution requested herein cannot be processed, I agree to contact Janus Henderson to adjust my systematic distribution options. Janus Henderson will not be held liable for any failure to distribute. Due to the important tax consequences associated with retirement plan distributions, I have been advised to consult with a tax professional.**

Note: *The terms identified below will apply to any new accounts established using this form. Your signature is required to process this form and to open your new account.*

- 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. Access janushenderson.com or call Janus Henderson at 800-525-1093 to obtain a prospectus.
- 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 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.
- I 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 privilege by electronic transfer to the bank account set forth on this application.
- 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 the most recent 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.

Remember to sign on the last page

Step 11 - (Continued)

- 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.

Important Note: To help the government deter money laundering and terrorism funding activities, all financial institutions are now 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 this form in its entirety when opening an account with Janus Henderson. The omission of information may 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 on this form. 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 indicated on this form 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).

Remember to sign on the last page

Step 11 - (continued)

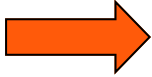
Social Security Number _____

This information is required if you are opening a new non-retirement account.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signed:

(please review Step 12 below before signing)



X

Signature of Account Owner

Date

Step 12 - Do you need a signature guarantee?

A signature guarantee is required if your distribution is one or more of the following:

- Amount is over \$250,000.
- Being mailed to a name or address other than the address of record or the address of record has been on file for less than 10 days.
- Being paid to a party other than the owner of the account.
- Being paid to an account that is different than the name on the Janus Henderson IRA. Please call 800-525-1093 for specific instructions.
- Being paid to a bank account other than the bank of record or the bank of record has been on file less than 15 days.

PLACE GUARANTEE STAMP AND AUTHORIZED SIGNATURE INSIDE OF THE SPACE PROVIDED. DO NOT OVERLAP ANY PART OF THE STAMP AND/OR SIGNATURE WITH OTHER TEXT IN THE APPLICATION.

SIGNATURE GUARANTEE STAMP (Including Medallion Guarantees)



Note: A signature guarantee assures a signature is genuine and protects you from unauthorized requests on your account. Financial institutions that may guarantee signatures include banks, savings and loans, trust companies, credit unions, broker/dealers and member firms of a national securities exchange. Contact the financial institution where you intend to obtain a signature guarantee for further information.
A notary public cannot provide a signature guarantee.

Certification of Beneficial Owner of Legal Entity Customers Form

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

In an effort to help fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

This form must be completed by the person opening a new account on behalf of a legal entity. *(For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, charity, or any other similar business entity formed in the United States or a foreign country.) Note: Publicly traded companies do not need to complete this form.*

- Print in capital letters using black ink.
- Questions? Call 800-525-3713.

Certification of Beneficial Owner(s)

Persons opening an account on behalf of a legal entity must provide:

1. Name and title of the natural person opening this account

First Name	Middle Initial	Last Name
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Title

2. Name and address of the legal entity for which this account is being opened

Name of Legal Entity

Street Number	Street Name	Apartment/Suite Number
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City	State	Zip Code
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3. The following information must be provided for each individual, if any, who, directly or indirectly (through any contract, arrangement, understanding, relationship or otherwise) owns 25 percent or more of the equity interests of the legal entity listed above. If no individual meets this definition, please check “Beneficial Owner Not Applicable” below and skip this section.

☐ Beneficial Owner Not Applicable

- **For a person with a Social Security Number (SSN)**, provide the SSN and leave Primary ID Type, Description and State/Country/Province blank.
- **For a non-U.S. person without a Tax Identification Number (TIN)**, provide a Passport Number and Country of Issuance. In lieu of a passport, non-U.S. persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

First Beneficial Owner’s Information:

First Name	Middle Initial	Last Name
Street Number	Street Name	Apartment/Suite Number
City	State	Zip Code
Country	Social Security Number	Date of Birth
Primary ID Type	Primary ID Description	Primary ID State/Country/Province

Second Beneficial Owner’s Information:

First Name	Middle Initial	Last Name
Street Number	Street Name	Apartment/Suite Number
City	State	Zip Code
Country	Social Security Number	Date of Birth
Primary ID Type	Primary ID Description	Primary ID State/Country/Province

Third Beneficial Owner’s Information:

First Name	Middle Initial	Last Name
Street Number	Street Name	Apartment/Suite Number
City	State	Zip Code
Country	Social Security Number	Date of Birth
Primary ID Type	Primary ID Description	Primary ID State/Country/Province

Fourth Beneficial Owner’s Information:

First Name	Middle Initial	Last Name
Street Number	Street Name	Apartment/Suite Number
City	State	Zip Code
Country	Social Security Number	Date of Birth
Primary ID Type	Primary ID Description	Primary ID State/Country/Province

4. The following information for one individual with significant responsibility for managing the legal entity listed above, such as an executive officer or senior manager (e.g., *Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer*); or any other individual who regularly performs similar functions. (If appropriate, an individual listed under section 3 above may also be listed in this section 4.)

- For a person with a Social Security Number (SSN),** provide the SSN and leave Primary ID Type, Description and State/Country/Province blank.
- For a non-U.S. person without a Tax Identification Number (TIN),** provide a Passport Number and Country of Issuance. In lieu of a passport, non-U.S. persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

Individual with Control Information:

First Name	Middle Initial	Last Name
Street Number	Street Name	Apartment/Suite Number
City	State	Zip Code
Country	Social Security Number	Date of Birth
Primary ID Type	Primary ID Description	Primary ID State/Country/Province
Preferred Phone Number (required)	Additional Phone Number (optional)	

5. Please read and sign below.

I, _____ (printed name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature:

X

Signature of Natural Person Opening Account	Date
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Legal Entity Identifier:

(Optional)

General Instructions *(continued)*

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

For Informational
Purposes Only

Do Not Complete

JANUS HENDERSON DIRECT ADVICE

Building investor confidence through retirement investment solutions

What is Janus Henderson Direct Advice?

Our advice program is designed to give you confidence in your retirement journey through **free investment guidance from our team of licensed Investment Consultants**. The team can provide retirement investment options matched to your risk preferences and investment goals.

Depending on your needs, risk tolerance, and other factors, you can enroll in one of **two programs** that make up Janus Henderson Direct Advice.

Programs tailored to investors needs



Direct Advice Portfolios

- Investors are **placed into one of six portfolios designed to match their risk, time horizon, and investment goals** by targeting different allocations of equities and fixed income.
- Each portfolio has **target allocations that range from 100% fixed income to 100% equities**, depending on the investor's risk tolerance.
- Portfolios are **rebalanced quarterly** to stay consistent with their investment strategy.
- There are **no additional costs** for advice beyond the underlying fund expenses.



Direct Advice Investments

- Investors are **offered a point-in-time recommendation** into one of three Global Allocation Strategies.
- The three strategies offer **broad global diversification in a single investment** by utilizing the full spectrum of Janus Henderson investment expertise and solutions.
- The strategies are not rebalanced quarterly, but rather **designed to match a specific level of risk and return potential** on an ongoing basis.
- There are **no additional costs** for advice beyond the underlying fund expenses.

INTERESTED IN LEARNING MORE?

Investment consultants are ready to speak with you and answer any questions you may have. Call a Janus Henderson Investment Consultant weekdays from 9:00 a.m. – 6:00 p.m. ET at 800-525-5113.

FOR MORE INFORMATION, PLEASE VISIT JANUSHENDERSON.COM

The sale of an investment for the purpose of rebalancing may be subject to taxes.

Investing involves risk, including the possible loss of principal and fluctuation of value.

No investment strategy can ensure a profit or eliminate the risk of loss.

Actively managed investment portfolios are subject to the risk that the investment strategies and research process employed may fail to produce the intended results. Accordingly, a portfolio may underperform its benchmark index or other investment products with similar investment objectives.

Diversification neither assures a profit nor eliminates the risk of experiencing investment losses.

Janus Henderson Direct Advice is offered by Janus Henderson Investors US LLC ("JHIUS"), an SEC-registered investment adviser. For more information on JHIUS, please refer to the Form CRS and the Form ADV available by calling 800-525-5113.

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Janus Henderson
— INVESTORS —