Janus Henderson
INVESTORS

IRA Application

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

Use this form to establish a Traditional IRA, Roth IRA, SEP IRA, or SARSEP IRA at Janus Henderson.

Please do not use this form to establish an Inherited IRA or a Non-Retirement account at Janus Henderson.

- 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 the important disclosures in Step 12.
- 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 **800-525-1093**

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

Step 1 - Select the type of IRA you would like to open (check one)

☐ Traditional IRA

☐ Roth IRA

☐ SEP IRA (completed IRS Form 5305-SEP is on file with employer)

☐ Salary Reduction SARSEP IRA (In order to establish a new SARSEP IRA, your employer plan must have been opened on or before December 31, 1996. Please consult your tax advisor.)

Step 2 - Provide your Personal information (all fields required unless noted)

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____ Date of Birth _____

☐ Please send me information about adding an authorized person to act on my account.

Parent or Guardian's Information (must be completed if application is for a minor)

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____ Date of Birth _____

Remember to sign on the last page

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Step 3 - Provide your Mailing Address and Contact information (all fields required unless noted)

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

Step 4 - Provide how you would like to fund your IRA (check one)

☐ **Annual contribution** *(state contribution year; maximum $7,000 per tax year, $8,000 if age 50 or over)*
Contribution Year_____*

☐ **SEP Employer Contribution**
Contribution Year_____*

☐ **Salary Reduction Contribution** (For SARSEP IRA only. Contributions must come from the employer.)

☐ **Transfer of an existing IRA, Roth IRA, SEP IRA, or SARSEP IRA from another financial institution**
(Please enclose a Janus Henderson IRA Transfer Form)

☐ **Rollover of an existing IRA, Roth IRA, SEP IRA, or SARSEP IRA ****

☐ **Direct Rollover from Employer Retirement Plan**

- ☐ Check enclosed
- ☐ Assets will be sent to Janus Henderson separate from this application.

☐ **Inherited IRA - Call 800-525-1093**

☐ **Conversion of a Janus Henderson Traditional IRA to a Janus Henderson Roth IRA**
(Please enclose an Authorization to Convert a Janus Henderson Traditional IRA Form)

☐ **Recharacterization of a Janus Henderson IRA**
(Please enclose a Janus Henderson Recharacterization Form)

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

** IRS Announcements 2014-15 and 2014-32 limit rollovers from an IRA to another (or the same) IRA to *one in any 12-month period*, regardless of the number of IRAs you own. The "One-Rollover-Per-Year" rule does not apply to IRA transfers, conversions, recharacterizations, or direct rollovers to or from a qualified plan. Please seek professional tax advice regarding questions about any IRA distributions.

Remember to sign on the last page

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Step 5 - Provide how you would like to make your initial fund purchase (check one)

- ☐ **Electronically** - Make a one-time withdrawal of $ _____ from the bank account listed in Step 7.
- ☐ **Check** - Make your personal check, Direct Rollover check, or Cashier's check payable to **Janus Henderson** and enclose it with your completed application.
- ☐ **Check** - Direct Rollover check will be sent to Janus Henderson separate from this application.

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

The minimum initial investment is $1,000 per fund or $100 per fund when you choose to invest $50 or more on a monthly basis through our Automatic Investment Program described in Step 8.*

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

Fund Name or Ticker Symbol	% or $ Amount

*Certain retirement plans such as SEP IRAs and SARSEP IRAs may not be subject to stated minimums, as defined in the fund's prospectus.

Remember to sign on the last page

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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

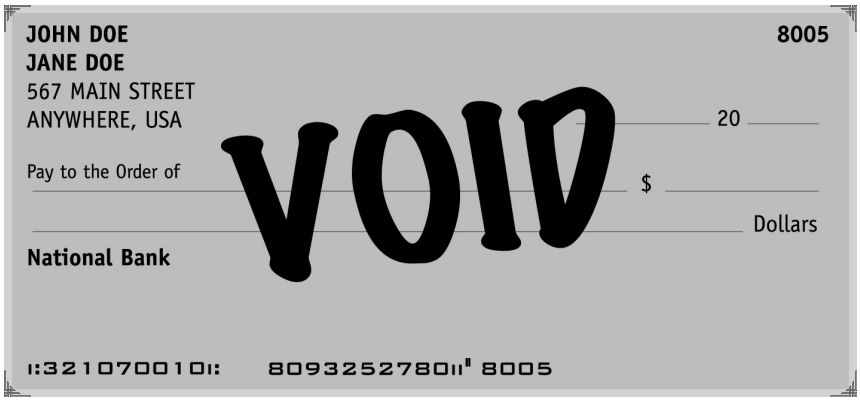
_____
Bank Name

_____
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 800-525-1093

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

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

Enroll in our Automatic Investment Program (AIP) and we will automatically transfer a set amount (minimum $50) from your bank account directly into the Janus Henderson fund(s) of your choice. If you would like to enroll, please provide your bank information in Step 7. Your AIP may generally be modified or cancelled at any time by visiting janushenderson.com or by calling a Janus Henderson representative.

Fund Name _____ Investment Amount* ($50 min.) _____

Starting Month _____ Investment Date* _____

Frequency*
- ☐ Monthly
- ☐ Every Other Month
- ☐ Quarterly

Fund Name _____ Investment Amount* ($50 min.) _____

Starting Month _____ Investment Date* _____

Frequency*
- ☐ Monthly
- ☐ Every Other Month
- ☐ Quarterly

Fund Name _____ Investment Amount* ($50 min.) _____

Starting Month _____ Investment Date* _____

Frequency*
- ☐ Monthly
- ☐ Every Other Month
- ☐ Quarterly

*If investment amount, frequency or investment date are not specified, investments of $50 will be made on the 20th of each month.

IRA contributions made through an AIP will be credited as contributions for the year in which the shares are purchased. If you want to make prior year contributions, please indicate which month(s) should be coded as prior year contribution(s):

- ☐ **January**
- ☐ **February**
- ☐ **March**
- ☐ **April** (must be on or before the 15th)

For SEP-IRA and SARSEP IRA accounts, please indicate type of contribution:

- ☐ **Employer**
- ☐ **Employee**

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

Remember to sign on the last page

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Step 9 - Provide the primary beneficiaries on your account

Please designate the individual(s) named below as primary beneficiary(ies) of this IRA. If more than four primary beneficiaries are needed, please attach a letter of instruction. If a percentage has not been indicated, equal distributions will be made to the appropriate beneficiaries. If applicable, any beneficiary who passes away before the account owner will have their share divided proportionally among the surviving primary beneficiaries.

Primary Beneficiary #1

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

Name _____ **% of Account** _____

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

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

Name _____ **% of Account** _____

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

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

Name _____ **% of Account** _____

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

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

Name _____ **% of Account** _____

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

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Step 10 - (Optional) Provide the secondary (contingent) beneficiaries on your account

Please designate the individual(s) named below as secondary beneficiary(ies) of this IRA. If more than four secondary beneficiaries are needed, please attach a letter of instruction. If a percentage has not been indicated, equal distributions will be made to the appropriate beneficiaries. If applicable, any beneficiary who passes away before the account owner will have their share divided proportionally among the surviving beneficiaries. Secondary beneficiaries receive assets **ONLY** if no primary beneficiary survives you. Do **NOT** list any primary beneficiaries here.

Secondary Beneficiary #1

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

Name _____ **% of Account** _____

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

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

Name _____ **% of Account** _____

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

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

Name _____ **% of Account** _____

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

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

Name _____ **% of Account** _____

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

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Step 11 - 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

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Step 12 - Please read and sign below

By signing below, I:

- (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) certify that all contributions to the IRA meet the requirements of the Code governing such contributions; (3) appoint State Street Bank and Trust Company, or its successors, as custodian on the account; (4) agree that I have received, read, accepted and specifically incorporated herein the Custodial Agreement on Form 5305-A, 5305-SEP or 5305-RA (whichever is applicable) and the IRA Disclosure Statement; (5) agree to promptly give instructions to the custodian necessary to enable the custodian to carry out its duties under the Custodial Agreement; (6) agree that this account will be subject to the Custodial Agreement as amended from time to time; and (7) agree that the terms, representations and conditions in this application and the prospectus, as amended from time to time, will apply to this account and any account established at a later date.
- Certify that I have received and read the current prospectus of the Fund(s) in which I am investing. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence. I agree to read the prospectus for any Janus Henderson fund into which I request an exchange.
- Authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine. I understand it is my responsibility to review account statements and inform Janus Henderson of errors posted to my account. I understand Janus Henderson reserves the right not to correct errors not brought to the company's attention within a reasonable time period. I understand that anyone who can properly identify my account(s) may be able to make telephone transactions on my behalf.
- Authorize the Fund and its agents to issue credits to and make debits from the bank account information set forth on this application. I agree that Janus Henderson shall be fully protected in honoring any such transaction. I also agree that Janus Henderson may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. I agree that if I submit bank information for a bank that does not participate in the Automated Clearing House (ACH) or provide information for a nonbank account, Janus Henderson will price my purchase at the net asset value next determined after Janus Henderson receives good funds. All account options 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 check and telephone redemption privileges and telephone and online purchase privileges on my account. 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.
- Certify that (if I am married and reside in a community property or marital property state) my spouse has knowledge of and consents to the designation of a non-spouse beneficiary on this account. (Please consult with a legal advisor regarding your beneficiary designation. Neither the custodian nor the plan sponsor will be liable for any consequences resulting from failure to accurately represent spousal consent.)

Remember to sign on the last page

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Step 12 - (continued)

- Consent to the 'householding' delivery of any fund prospectuses, shareholder reports or other documents (except transaction confirmations and account statements) that I am required, by law, to receive. This means Janus Henderson will generally deliver a single copy of most annual and semiannual reports, prospectuses, and newsletters to investors who share an address, even if the accounts are registered under different names. My participation in this program will continue indefinitely unless I contact Janus Henderson.
- I understand that the taxable amount of any distribution is subject to the IRS default withholding rate of 10%. I can choose to have a different rate - including any rate from zero to 100%. I have been informed to go to IRS Form W-4R, found online at www.irs.gov, for further instructions and a rate table that helps me choose a rate that is appropriate for my tax situation. Whether or not I elect to have withholding apply, I am still responsible for any federal income taxes, state and local taxes, and any penalties that may apply to my distributions. Any amounts withheld cannot be reimbursed by Janus Henderson.
- **Important Note**: To help the government deter terrorism funding and money laundering activities, all financial institutions are required to obtain, verify and record information that identifies each person who opens an account. So that we may comply with these requirements, we ask you to please complete Steps 2 and 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 and 3. If, after 30 days, Janus Henderson is still unable to verify the required information, your account may be closed and your shares redeemed at the next available NAV.

Under penalty of perjury, I certify that:

1. The Social Security Number(s) shown on this application is/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 Owner or Parent/Guardian, if Applicable Date

Janus Henderson
INVESTORS

Janus Henderson Funds

PO Box 219109 • Kansas City, MO 64121-9109 • 800.525.3713

Name of fund, ticker symbol, and fund number.

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)

Global/International Equity

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)
International Dividend Fund ..... HDDVX (33)
Overseas Fund ..... JNOSX (54)

Fixed Income

Developed World Bond Fund ..... HFADX (71)
Flexible Bond Fund ..... JANFX (49)
High-Yield Fund ..... JNHYX (57)
Low Duration Multi-Sector Income Fund ..... JUCDX (90)
Multi-Sector Income Fund ..... JMUDX (89)
Short Duration Flexible Bond Fund ..... JNSTX (52)

Asset Allocation

Balanced Fund ..... JANBX (51)
Global Allocation Fund – Conservative ..... JMSCX (78)
Global Allocation Fund – Growth ..... JNSGX (76)
Global Allocation Fund – Moderate ..... JNSMX (77)

Money Market

Government Money Market Fund –
American Cancer Society Support ..... ACDXX (38)
Money Market Fund* ..... JNMXX (37)

*Positions in Money Market Fund may not be opened if the account is not beneficially owned by a natural person. 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.

Janus Henderson
INVESTORS

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

Active Advice

- 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.

Snapshot Advice

- 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. Visit **janushenderson.com/advice** to schedule an appointment online or call our licensed Investment Consultants weekdays from 9:00 a.m. – 6:00 p.m. ET at 800-525-5113.

FOR MORE INFORMATION, PLEASE VISIT JANUSHENDERSON.COM

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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.

There are no additional costs for advice beyond the underlying fund expenses.

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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