

Change of Registration - Going to a Trust Account Checklist

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

Janus Henderson
INVESTORS

Use these forms to re-register an individual or joint account to a trust.

Questions?

call us at 800-240-4313

Re-registration Requirements

Janus Henderson Transfer of Ownership Form

Complete this form to instruct Janus Henderson on how you would like to transfer assets from your account. Signature guarantee may be required on this form.

Signature Guarantee (if required)

Required if any trustee is different from the currently registered Janus Henderson account owner(s).

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.**

Trust Documents

Documents must identify the trust, trustees, successor trustees, and include the signature page.

Janus Henderson Trust/Estate Account Application

Must indicate the new trust registration, date trust was established and taxpayer identification number. All trustees must provide all required information and sign the application.

After reviewing the above information, if you have additional questions or need help completing the Transfer of Ownership Form, please contact a Janus Henderson representative at 800-240-4313.

Transfer of Ownership Form

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

Questions?
call us at **800-240-4313**

Please complete this form and a Janus Henderson Account Application (if necessary) to change the ownership of an existing account or to transfer ownership of shares to another account. **DO NOT USE THIS FORM FOR RETIREMENT ACCOUNTS.**

- Please contact Janus Henderson if you are transferring shares from a corporation, trust, partnership, as a result of the death of an account owner or if the assets are held in a retirement account. Additional documentation may be required.
- If you are transferring shares represented by a physical certificate, please call for additional instructions.
- Shares will be transferred to the identical fund(s) and will be depleted using the existing cost basis method on the account.
- It is recommended that you seek professional tax advice when transferring ownership of shares.
- Please print or type using black ink.

Step 1 - List the name(s) on your current account

Please indicate information for the account from which you are transferring shares. Complete this section with your information as it currently appears on your account statement.

Primary Owner/Trustee

| | | |
|------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
|------------|----------------|-----------|

| | | |
|------------------------|---------------|--------------|
| Social Security Number | Date of Birth | Phone Number |
|------------------------|---------------|--------------|

Joint Owner/Trustee/Custodian (if applicable)

| | | |
|------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
|------------|----------------|-----------|

| | | |
|------------------------|---------------|--------------|
| Social Security Number | Date of Birth | Phone Number |
|------------------------|---------------|--------------|

Trust/Other Entity Account information (if applicable)

| | |
|-------------------------|---------------------------|
| Trust/Other Entity Name | Tax Identification Number |
|-------------------------|---------------------------|

Remember to sign on the last page

Step 2 - List the assets that will be transferred

All assets should be transferred from account: _____

Partial transfer from the funds/accounts as indicated below (indicate %, shares or \$ amount):

| Fund Name or Number | Account Number | %, # of Shares or \$ Amount |
|---------------------|----------------|-----------------------------|
|---------------------|----------------|-----------------------------|

| Fund Name or Number | Account Number | %, # of Shares or \$ Amount |
|---------------------|----------------|-----------------------------|
|---------------------|----------------|-----------------------------|

| Fund Name or Number | Account Number | %, # of Shares or \$ Amount |
|---------------------|----------------|-----------------------------|
|---------------------|----------------|-----------------------------|

Step 3 - Let us know how these shares will be transferred (complete option A, B or C)

Option A

- Re-registration of shares** - Used when at least one owner will remain on the new account. My existing shares will be transferred as directed in Step 4. The cost basis for covered shares (purchased after 01/01/12) will transfer to the new account.
- Adding or removing a joint owner
 - Individual/Joint account to a trust
 - Adding or removing a trustee
 - Trust account to an individual or joint account
 - Inherited account - Call 800-240-4313 for instructions
 - Divorce
 - Other: _____

Option B

- Gift of shares** - Used when all or part of an account is transferred to new owners as a gift. My existing shares will be transferred to the account referenced below. The cost basis for covered shares (purchased after 01/01/12) will transfer to the new account unless the transfer results in a loss.* Any realized gains/losses related to this sale will be reportable to the new owner.

***Signature of New Owner** (*acceptance of Fair Market Value*)

***Fair Market Value (FMV) acceptance:** If shares are gifted at a loss and the receiving account will use Average Cost as the cost basis method, the new account owner must sign in this section. Otherwise, Janus Henderson will use First-In First-Out (FIFO) to calculate cost basis.

Janus Henderson will use the date of transfer to determine FMV unless otherwise instructed in writing.

Remember to sign on the last page

Step 3 - (continued)

Option C

- Sale of shares** - My existing shares will be sold. The proceeds from the sale will be deposited into the account referenced below and new shares will be purchased. Any realized gains/losses related to this sale will be reportable to me.

Notes:

- If no box is checked and Janus Henderson cannot determine the reason for transfer, the transaction will be reported as a gift of shares.
- Please consult a tax advisor to determine the appropriate handling for your specific situation. While our processes generally apply the IRS rules regarding the basis of gifted, re-registered or inherited securities, they do not account for all possible situations that may affect your cost basis. Therefore, it is important to work closely with a tax advisor when transferring and/or selling assets obtained by gift or inheritance in order to have the most accurate basis information and to communicate that information to Janus Henderson so our reporting is accurate.

Step 4 - List where these assets will be transferred to (complete option A or B)

Please indicate the existing account number you wish to transfer to, or include the appropriate Janus Henderson Account Application. *Additional space is available on the last page if needed.*

To account information:

Option A

- New Account (application attached)

| | | |
|--------------------------|----------------|-----------|
| New Account Owner's Name | Middle Initial | Last Name |
|--------------------------|----------------|-----------|

| | | |
|--|----------------|-----------|
| Joint Account Owner's Name (if applicable) | Middle Initial | Last Name |
|--|----------------|-----------|

Option B

- Existing Account Number: _____


| | | |
|--------------------------------|----------------|-----------|
| New Account Owner's First Name | Middle Initial | Last Name |
|--------------------------------|----------------|-----------|

| | | |
|--|----------------|-----------|
| Joint Account Owner's Name (if applicable) | Middle Initial | Last Name |
|--|----------------|-----------|

Remember to sign on the last page


Step 5 - Please review and sign below to authorize this request

All owners must sign. (Signature guarantee is required in most cases.)

 X _____
Signature of Owner, Trustee or Custodian Date

Printed Name of Owner, Trustee or Custodian

SIGNATURE GUARANTEE STAMP
(Including Medallion Guarantees)

 X _____
Signature of Joint Owner or Co-Trustee (if applicable) Date

Printed Name of Joint Owner or Co-Trustee (if applicable)

SIGNATURE GUARANTEE STAMP
(Including Medallion Guarantees)

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

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 you intend to obtain a signature guarantee from for further information. **A notary public cannot provide a signature guarantee.**



Trust/Estate Account Application

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

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

- Trust/Estate must be established and located in the United States to open a Janus Henderson account.
- **Important Note:** To help the government deter money laundering and terrorism funding activities, all financial institutions are required to obtain, verify and record information that identifies each person who opens an account. Please read important disclosures in Step 8.
- Read the prospectus carefully before you invest or send money.
- Please print or type in black ink.

In a Hurry?

Fax form to 877-319-3852

Questions?

Call us at 800-525-3713

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

Name of Trust/Estate

Date Trust was Established

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

- or -

Trust's/Estate's Taxpayer Identification Number

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

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

To establish an estate account we require the following :

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

Remember to sign on the last page

CONTINUED ON NEXT PAGE

PAGE 1 of 8

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

Name of Trustee/Estate Representative

| | | |
|------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
|------------|----------------|-----------|

| | |
|------------------------|---------------|
| Social Security Number | Date of Birth |
|------------------------|---------------|

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

Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | |
|-----------------------------------|---------------------------|
| Preferred Phone Number (required) | E-Mail Address (optional) |
|-----------------------------------|---------------------------|

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

Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Remember to sign on the last page

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

Name of Co-Trustee/Estate Representative

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

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

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

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

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

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

| | | |
|---------|-------|----------|
| _____ | | |
| Address | | |
| _____ | _____ | _____ |
| City | State | Zip Code |

Remember to sign on the last page

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

(select one)

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

Step 5 - Provide the Janus Henderson funds you would like to own

The minimum initial investment is \$2,500 per fund or \$100 per fund when you choose to invest \$50 or more on a monthly basis through our Automatic Investment Program described in Step 6.

See available Janus Henderson Funds on last page.

| | | |
|-----------|----------------------------------|----------------|
| _____ | _____ | _____ |
| Fund Name | Existing Account Number or “New” | % or \$ Amount |
| _____ | _____ | _____ |
| Fund Name | Existing Account Number or “New” | % or \$ Amount |
| _____ | _____ | _____ |
| Fund Name | Existing Account Number or “New” | % or \$ Amount |
| _____ | _____ | _____ |
| Fund Name | Existing Account Number or “New” | % or \$ Amount |
| _____ | _____ | _____ |
| Fund Name | Existing Account Number or “New” | % or \$ Amount |
| _____ | _____ | _____ |
| Fund Name | Existing Account Number or “New” | % or \$ Amount |

Remember to sign on the last page

Step 6 - Provide the funds you want to invest in on a regular basis through Janus Henderson's Automatic Investment Program (optional)

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

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

| | |
|----------------|------------------|
| _____ | _____ |
| Starting Month | Investment Date* |

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

| | |
|----------------|------------------|
| _____ | _____ |
| Starting Month | Investment Date* |

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

| | |
|----------------|------------------|
| _____ | _____ |
| Starting Month | Investment Date* |

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

| | |
|----------------|------------------|
| _____ | _____ |
| Starting Month | Investment Date* |

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

Remember to sign on the last page

Step 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**.

Please attach a *preprinted* voided item.

Need an alternative to a voided item? Please contact a Janus Henderson representative at **800-525-3713**.

This is a: Checking Account Savings Account



Bank account owner(s), if different from all Janus Henderson account owner(s), are required to sign below to add Purchase options. To add Redemption options, if all bank owner(s) are different from the Janus Henderson account owner(s), fill out the Bank Options Form.

X _____
Signature of Bank Account Owner Date

X _____
Signature of Bank Account Owner Date

Step 8 - Please read and sign below

By signing below:

- I certify that I have received and read the current prospectus of the Fund(s) in which I am investing. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I agree to read the prospectus for any Janus Henderson fund(s) into which I may request an exchange in the future. I understand that the terms, representations and conditions in this application and the prospectus, as amended from time to time, will apply to this account and any account established at a later date.
- I consent to the 'householding' delivery of any fund prospectuses, shareholder reports or other documents (except transaction confirmations and account statements) that I am required, by law, to receive. This means Janus Henderson will generally deliver a single copy of most annual and semi-annual reports, prospectuses, and newsletters to investors who share an address, even if the accounts are registered under different names. My participation in this program will continue indefinitely unless I contact Janus Henderson.

Remember to sign on the last page

Step 8 - (continued)

- I authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine. I understand it is my responsibility to review account statements and inform Janus Henderson of errors posted to my account. I understand Janus Henderson reserves the right not to correct errors not brought to the company's attention within a reasonable time period. I understand that anyone who can properly identify my account(s) may be able to make telephone transactions on my behalf.
- I authorize the Fund and its agents to establish check and telephone redemption privileges and telephone and online purchase privileges on my account. I also authorize the Fund and its agents to reinvest all income dividends and capital gains distributions in the distributing fund. I authorize the Fund and its agents to establish redemption privileges by electronic transfer to the bank account set forth on this application.
- I authorize the Fund and its agents to issue credits to and make debits from the bank account information set forth on this application. I agree that Janus Henderson shall be fully protected in honoring any such transaction. I also agree that Janus Henderson may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. I agree that if I submit bank information for a bank that does not participate in the Automated Clearing House (ACH) or provide the information for a nonbank account, Janus Henderson will price my purchase at the net asset value next determined after Janus Henderson received good funds. All account options selected will become part of the terms, representations and conditions of this application.
- 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 terrorism funding and money laundering activities, all financial institutions are required to obtain, verify and record information that identifies each person who opens an account. So that we may comply with these requirements, we ask you to please complete Steps 2&3 in their entirety when opening an account with Janus Henderson. The omission of this information will result in the return of your application and investment. Please note that your ability to perform transactions in your account may also be affected or otherwise delayed if Janus Henderson cannot easily verify the accuracy of the required information in Steps 2&3. If, after 30 days, Janus Henderson is still unable to verify the required information, your account may be closed and your shares redeemed at the next available NAV.

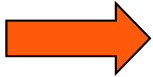
Remember to sign on the last page

Step 8 - (continued)

Under penalty of perjury, I certify that:

1. The Social Security Numbers/Tax Identification Numbers shown on this application are correct.
2. I/Entity am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding. Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.
3. The entity is established and located in the United States or a US Territory.
4. I/Entity am exempt from reporting per the Foreign Account Tax Compliance Act (FATCA).

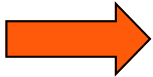
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



X

Signature of Trustee/Estate Representative

Date



X

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

Date

U.S. Equity

Contrarian Fund (61)
Enterprise Fund** (50)
Forty Fund (46)
Growth & Income Fund (40)
Large Cap Value Fund (35)
Mid Cap Value Fund (67)
Research Fund (48)
Small Cap Value Fund** (85)
Small-Mid Cap Value Fund (85)
Triton Fund** (74)
U.S. Managed Volatility Fund (26)
Venture Fund** (45)

Asset Allocation

Adaptive Global Allocation Fund (44)
Balanced Fund (51)
Global Allocation Fund - Conservative (78)
Global Allocation Fund - Growth (76)
Global Allocation Fund - Moderate (77)
Value Plus Income Fund (36)

Fixed Income

Absolute Return Income Opportunities Fund (90)
Developed World Bond Fund (71)
Flexible Bond Fund (49)
Global Bond Fund (80)
High-Yield Fund (57)
Multi-Sector Income Fund (89)
Short-Term Bond Fund (52)

Global/International Equity

Asia Equity Fund (83)
Dividend & Income Builder Fund (33)
Emerging Markets Fund (39)
Emerging Markets Managed Volatility Fund (32)
European Focus Fund (47)
Global Equity Income Fund (53)
Global Income Managed Volatility Fund (84)
Global Life Sciences Fund (59)
Global Real Estate Fund (31)
Global Research Fund (41)
Global Select Fund (62)
Global Sustainable Equity Fund (73)
Global Technology & Innovation Fund (60)
Global Value Fund (64)
International Managed Volatility Fund (30)
International Opportunities Fund (58)
International Value Fund (88)
Overseas Fund (54)

Money Market

Government Money Market Fund (38)
Money Market Fund (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.

**Closed to certain new investors.