Janus Henderson
INVESTORS

Authorization to Convert a Janus Henderson Traditional IRA or SEP IRA

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

Use this form to convert assets from an existing Janus Henderson Traditional IRA or SEP IRA to a new or existing Janus Henderson Roth IRA.

- Conversions that occurred on 1/1/2018 or later may not be recharacterized.
- Please print or type using black ink.
- **Important Note:** If you are establishing a new Janus Henderson Roth IRA, a Janus Henderson IRA Application must accompany this form.

Questions?
Call us at **800-525-1093**

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

Step 1 - Please provide the following information.

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Preferred Phone Number (required) _____ Additional Phone Number (optional) _____

Step 2 - List the Janus Henderson IRA(s) you would like to convert.

Please list the Janus Henderson fund(s) and account number(s) you wish to convert. The fund(s) you are currently invested in will remain the same. All shares will be converted unless otherwise indicated below.

Existing Traditional IRA or SEP IRA Fund/Account Number _____ Conversion % or Amount _____

Existing Traditional IRA or SEP IRA Fund/Account Number _____ Conversion % or Amount _____

Existing Traditional IRA or SEP IRA Fund/Account Number _____ Conversion % or Amount _____

Existing Traditional IRA or SEP IRA Fund/Account Number _____ Conversion % or Amount _____

Remember to sign on the last page

CONTINUED ON NEXT PAGE

Step 3 - Tell us how you would like to invest your conversion assets. (check one)

☐ Open a new Janus Henderson Roth IRA.
A Janus Henderson IRA Application must accompany this form or an account cannot be established.

☐ Deposit the conversion assets into a corresponding fund(s) under my existing Janus Henderson Roth IRA. I realize I will be combining conversion and annual contributions if my existing Roth IRA contains only annual contributions.

_____
Existing Roth IRA Account Number

☐ I have an existing Roth IRA but would like these conversion assets held separately from my Roth annual contributions. I understand a new account number will be assigned for my conversion assets.
A new Janus Henderson IRA Application is enclosed.

Step 4 - Tell us what changes you would like to make to your Automatic Investment Program.

If you currently participate in the Automatic Investment Program with your Traditional IRA or SEP IRA, **this option will be cancelled** on your IRA unless otherwise indicated below. Your AIP may generally be modified or cancelled at any time by visiting janushenderson.com or by calling a Janus Henderson representative.

☐ Please continue the Automatic Investment Program on my Traditional IRA or SEP IRA.
Note: If you convert all assets and your fund reaches a zero balance this option is not available.

☐ Please re-establish my Automatic Investment Program to the new Roth IRA requested in Step 3.

☐ Please transfer my Automatic Investment Program to an additional Roth IRA because I want to keep my contributions separate from any conversion assets.

Note: Your new Roth IRA must meet the initial investment minimum of $100 per fund when you choose to invest $50 or more on a monthly basis through our Automatic Investment Program.

Remember to sign on the last page

Step 5 - 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.**
- 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.

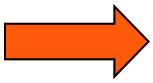
Remember to sign on the last page

Step 6 - 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 5 is correct based on my individual tax situation. I have read and understand the conversion rules and conditions below. I have met the requirements for making a conversion from a Traditional IRA or SEP IRA to a Roth IRA. **Due to the important tax consequences associated with converting funds to a Roth IRA, I have been advised to consult with a tax advisor.** All information provided by me is true and correct and may be relied on by the custodian (State Street Bank and Trust Company) and Janus Henderson. I assume full responsibility for this conversion transaction and will not hold the custodian or Janus Henderson liable for any adverse consequences that may result.

Rules and conditions applicable to conversion taxability:

- A conversion from a Traditional IRA or SEP IRA to a Roth IRA is treated as a taxable distribution. Accordingly, any deductible contributions made to the IRA and any earnings must be reported on your tax return as gross income and taxed.
- I also understand that my required minimum distribution (RMD) for the current year is not eligible for conversion.
- **I hereby designate this as a conversion contribution.**



X_____ _____

Signature of Owner Date

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

CONTINUED ON NEXT PAGE

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 $6,500 per tax year, $7,500 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

CONTINUED ON NEXT PAGE

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

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

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.

_____	_____	Frequency*
Fund Name	Investment Amount* ($50 min.)	☐ Monthly
		☐ Every Other Month
_____	_____	☐ Quarterly
Starting Month	Investment Date*	
_____	_____	Frequency*
Fund Name	Investment Amount* ($50 min.)	☐ Monthly
		☐ Every Other Month
_____	_____	☐ Quarterly
Starting Month	Investment Date*	
_____	_____	Frequency*
Fund Name	Investment Amount* ($50 min.)	☐ Monthly
		☐ Every Other Month
_____	_____	☐ Quarterly
Starting Month	Investment Date*	

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

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

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

CONTINUED ON NEXT PAGE

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

CONTINUED ON NEXT PAGE

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

CONTINUED ON NEXT PAGE

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

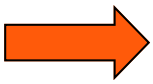
Step 12 - (continued)

- 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.

Form **W-4R**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

2026

1a First name and middle initial	Last name	1b Social security number
Address		
City or town, state, and ZIP code		

Do Not Complete

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%

For Informational

Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Purposes Only

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to *www.irs.gov/FormW4R*.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2026 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Sample Form

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**
$0	**0%**	$0	**0%**	$0	**0%**
16,100	**10%**	32,200	**10%**	24,150	**10%**
28,500	**12%**	57,000	**12%**	41,850	**12%**
66,500	**22%**	133,000	**22%**	91,600	**22%**
121,800	**24%**	243,600	**24%**	129,850	**24%**
217,875	**32%**	435,750	**32%**	225,900	**32%**
272,325	**35%**	544,650	**35%**	280,350	**35%**
656,700*	**37%**	800,900	**37%**	664,750	**37%**

*If married filing separately, use $400,450 instead for this 37% rate.

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 2026, 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 for purposes of these withholding rules:

- Qualifying "hardship" distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense 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 $70,000 without the payment. Step 1: Because your total income without the payment, $70,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, $90,000, is greater than $66,500 but less than $121,800, 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 $60,000 without the payment. Step 1: Because your total income without the payment, $60,000, is greater than $28,500 but less than $66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, $80,000, is greater than $66,500 but less than $121,800, the

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corresponding rate is 22%. The two rates differ. $6,500 of the $20,000 payment is in the lower bracket ($66,500 less your total income of $60,000 without the payment), and $13,500 is in the higher bracket ($20,000 less the $6,500 that is in the lower bracket). Multiply $6,500 by 12% to get $780. Multiply $13,500 by 22% to get $2,970. The sum of these two amounts is $3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the $20,000 payment ($3,750 divided by $20,000). Enter "19" 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.

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