Janus Henderson
INVESTORS

Corporate Account Application

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

Use this form to establish a corporate or other entity account at Janus Henderson. Do not use this form to establish a retirement account.

- Corporation 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 10.
- Print in capital letters using black ink.
- **Accounts opened directly with Janus Henderson are only available in the D Share class.**

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

In a Hurry?
Fax form to **877-319-3852**

Step 1 - Provide Corporation/Entity information

_____
Name of Corporation/Other Entity

_____
Corporation/Other Entity's Taxpayer Identification Number

Step 2 - Provide the type of organization (select one)

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

Remember to sign on the last page

CONTINUED ON NEXT PAGE

Step 3 - Provide mailing address and contact information (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 Authorized Trader(s) information (all fields required)

Complete this section to authorize an individual to trade on the Janus Henderson account. To add more than three authorized traders, please complete a *Janus Henderson Corporate/Other Entity Trading Privileges Form*. Please review the Authorized Trader Indemnification in Step 10 and have the officer who is granting authorization and the authorized trader(s) sign on page 9.

First Name | Middle Initial | Last Name

Social Security Number | Date of Birth

First Name | Middle Initial | Last Name

Social Security Number | Date of Birth

First Name | Middle Initial | Last Name

Social Security Number | Date of Birth

Remember to sign on the last page

CONTINUED ON NEXT PAGE

Step 5 - Provide which 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 7.

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

Step 6 - Provide how you would like to make your initial purchase (check one)

☐ **Electronically** – Make a one-time withdrawal of $ _____ from the bank account listed in Step 8.

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

☐ **Gifted shares from account number**: _____.
For gifted shares please include a Transfer of Ownership Form.

Remember to sign on the last page

CONTINUED ON NEXT PAGE

Step 7 - Provide which 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 8. 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.) _____ Frequency*
- ☐ Monthly
- ☐ Every Other Month
- ☐ Quarterly

Starting Month _____ Investment Date* _____

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

Starting Month _____ Investment Date* _____

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

Starting Month _____ Investment Date* _____

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

Starting Month _____ Investment Date* _____

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

Remember to sign on the last page

CONTINUED ON NEXT PAGE

Step 8 - 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

CONTINUED ON NEXT PAGE

Step 9 - Certificate of Authorization (Please complete for Corporations or other Organizations only.)

Please complete the fields below and include a copy of the governing document (e.g., Corporate Resolution, Secretary's Certificate, Partnership Agreement) that identifies the officer(s) granting authorization in Step 10, and their title(s). With the exception of a Partnership Agreement, the document provided must be dated within 6 months. If you have any questions, please call a Janus Henderson representative at 800-525-3713.

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

_____
(Name of Corporation/Organization)

and that the following individual(s):

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

is/are duly authorized by resolution or otherwise to act on behalf of the Corporation/Organization in connection with the Corporation's/Organization's ownership shares of any mutual fund managed by Janus Henderson (individually, the "Fund" and collectively, the "Funds") including, without limitation, furnishing any such Fund and its transfer agent with instructions to transfer or redeem shares of that Fund payable to any person or in any manner, or to redeem shares of that Fund and apply the proceeds of such redemption to purchase shares of another fund (an "exchange"), and to execute any necessary forms in connection therewith.

If the undersigned is the only person authorized to act on behalf of the Corporation/Organization, the undersigned certifies that he/she is the sole shareholder, director, and officer of the Corporation/Organization and that the Corporation's/Organization's Charter, Articles of Incorporation or Bylaws provide that he/she is the only person authorized to act.

Unless expressly declined the undersigned further certifies that the Corporation/Organization has authorized by resolution or otherwise the establishment of the telephone exchange and telephone redemption by check privileges for the Corporation's/Organization's account with any Fund offering such privilege. If elected the undersigned also certifies that the Corporation/Organization has similarly authorized establishment of the electronic transfer, and telephone redemption by wire for the Corporation's/Organization account with any Fund offering said privileges. Certain transactions may require additional documentation, please refer to the Janus Henderson Prospectus. The undersigned has further authorized each Fund and its transfer agent to honor any written, telephone, or facsimile instructions furnished pursuant to any such privilege by any person believed by the Fund or its transfer agent to their agents, officers, directors, trustees, or employees to be authorized to be

Remember to sign on the last page

CONTINUED ON NEXT PAGE

Step 9 - (continued)

authorized to act on behalf of the Corporation/Organization and agrees that neither the fund nor its transfer agent, their agents, officers, trustees, or employees will be liable for any loss, liability, cost or expense for acting upon any such instructions.

These authorizations shall continue in effect until after the Fund and its transfer agent receive written notice from the Corporation/Organization of any change.

In Witness Whereof, I have hereunto subscribed my name as Secretary and affixed the seal of the Corporation/ Organization this _____ day of _____ , 20 _____ .

X_____

Corporate Seal Here
(If available)

(Secretary Signature)

Step 10 - Please read and sign

By signing, I:

- Certify that I have received and read the current prospectus of the Fund(s) in which I am investing. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- Agree to read the prospectus for any Janus Henderson fund(s) into which I may request an exchange in the future. I understand that the terms, representations and conditions in this application and the prospectus, as amended from time to time, will apply to this account and any account established at a later date.
- Authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine. I understand it is my responsibility to review account statements and inform Janus Henderson of errors posted to my account. I understand Janus Henderson reserves the right not to correct errors not brought to the company's attention within a reasonable time period. I understand that anyone who can properly identify my account(s) may be able to make telephone transactions on my behalf.
- Authorize the Fund and its agents to reinvest all income dividends and capital gains distributions.
- Consent to the 'householded' 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

CONTINUED ON NEXT PAGE

Step 10 - (continued)

- 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.
- Acknowledge that, 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) IRS on Form 1099-B. Reporting is not required for "noncovered" shares (shares purchased before 1/1/2012). Janus Henderson utilizes Average Cost as the default method for tracking and reporting cost basis (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.)
  Note: *Janus Henderson is not required to file Form 1099-B to report sales: (i) where an intermediary or another service provider has contractually agreed to do so on behalf of the shareholder, or (ii) to tax exempt recipients such as IRA accounts, charitable organizations, C corporations, etc. A full list of exempt entities is available in the Instructions for Form 1099-B on IRS website.*

Authorized Trader Indemnification:

- On behalf of the corporation/other entity, I/we hereby agree to indemnify and hold Janus Henderson, its affiliates and any directors, officers, employees, or agents of these entities, including without limitation each Janus Henderson fund, harmless from any claims (including reasonable attorney's fees) that may arise by reason of acting upon instructions, either oral, written or electronically believed to have originated from the authorized trader under the authorization contained in this agreement, and from any and all acts of the authorized trade with respect to the Janus Henderson account(s).
- This authorization is ongoing and shall remain in full force and effect until Janus Henderson receives notice of its revocation by an officer of the organization. Janus Henderson accepts no liability for acting on instructions from the authorized trader in cases in which it is not notified that the authorized trader no longer has the authority to transact on the account.
- I/We hereby designate and authorize the authorized trader identified in Step 4 to exercise each and all of the following acts (if applicable) with respect to the Janus Henderson accounts designated in Step 1 in accordance with Janus Henderson policies that are in effect at the time of such request to:
  1. Purchase, sell and exchange shares;
  2. Change the mailing address of the account(s);
  3. Make inquiries regarding the account(s) and receive account information;
  4. Make minor account option changes such as dividend and capital gains distribution options;
  5. Establish, change or reset PIN; and
  6. Select a cost basis election.
- I/We understand that the authorized trader will not have authority to:
  1. Add, delete or change any banking information;
  2. Request a wire transfer to any account other than my bank account of record;
  3. Redeem shares from the fund account(s) and have the proceeds payable or mailed to anyone other than the organization/other entity;
  4. Have check writing privileges on the account(s); and
  5. Change the ownership of the account(s).

Remember to sign on the last page

CONTINUED ON NEXT PAGE

Step 10 - (continued)

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 1-4 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 1-4. 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 Taxpayer Identification Number shown on this application is correct.
2. The business/entity is not subject to backup withholding because: (a) the entity is exempt from backup withholding; or (b) the entity has not been notified by the Internal Revenue Service (IRS) that the entity is subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that the entity is no longer subject to backup withholding. Cross out item 2 if the entity has been notified by the IRS that the entity is currently subject to backup withholding.
3. The business/entity is established and located in the United States or a US Territory.
4. The business/entity is 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 Officer Granting Authorization | Title | Date

X_____ _____ _____
Signature of Additional Officer (if applicable) | Title | Date

X_____ _____ _____
Signature of Additional Officer (if applicable) | Title | Date

X_____ _____ _____
Signature of Authorized Trader | Title | Date

X_____ _____ _____
Signature of Authorized Trader | Title | Date

X_____ _____ _____
Signature of Authorized Trader | Title | 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.

Certification of Beneficial Owner of Legal Entity Customers Form

Janus Henderson INVESTORS

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

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

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

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

Certification of Beneficial Owner(s)

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

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

First Name | Middle Initial | Last Name

Title

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

Name of Legal Entity

Street Number | Street Name | Apartment/Suite Number

City | State | Zip Code

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

☐ Beneficial Owner Not Applicable

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

CONTINUED ON NEXT PAGE

First Beneficial Owner's Information:

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

Second Beneficial Owner's Information:

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

Third Beneficial Owner's Information:

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

Fourth Beneficial Owner's Information:

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

CONTINUED ON NEXT PAGE

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

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

Individual with Control Information:

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

5. Please read and sign below.

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

Signature:

X _____

Signature of Natural Person Opening Account Date

Legal Entity Identifier:

_____

(Optional)