

Inheriting an IRA - Entity Beneficiary Checklist

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

Re-registration Requirements

Questions?

call us at 800-241-1838

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

Initial Steps

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

Next Steps

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

Inheritance Tax Waiver States and Requirements

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

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

Required Minimum Distribution (RMD) for deceased owner

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

IRA Beneficiary Claim Form- Entity Beneficiary

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

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

Questions?

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

Here are a few important things to know before starting:

- For Inherited IRAs registered in the name of an estate or corporation, provide the full legal name of the entity.
- Inherited IRA assets have several unique distribution options. Janus Henderson highly recommends you consult with a tax advisor and/or financial planner before making any choices.
- The inherited assets will be transferred to the same fund as the original account. If you would like to exchange to a different fund at a later date, please contact a Janus Henderson representative or visit www.janushenderson.com.
- In the event of an IRA participant's death, the executor/personal representative of the decedent's estate or the IRA beneficiary(ies) may request a date-of-death valuation of the decedent's IRA account pursuant to IRS Revenue Procedure 89-52.
- You must be a US Citizen or US Resident Alien residing in the United States or a US Territory to open a Janus Henderson account. Shares inherited by an IRA beneficiary who does not meet this requirement must be immediately liquidated (mandatory tax withholding rules may apply).
- **Important Note:** To help the government deter money laundering and terrorism funding activities, all financial institutions are required to obtain, verify and record information that identifies each person who opens an account. Please read important disclosures in Step 11.

There are two parts to filling out this claim form:

- **Steps 1-7 will provide Janus Henderson information about the account owner that has passed away and help finalize any Required Minimum Distributions (RMD) that may need to be taken on their behalf.**
- **Steps 8-11 will be used to establish a new account for the inheritor of the assets.**

Remember to sign on the last page

Step 5 - If an RMD is required, would you like to have Janus Henderson calculate the amount or have another amount taken?

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

Step 6 - Where would you like us to send the RMD?

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

Account Number: _____

- Send the assets to the address in Step 8.

Step 7 - Would you like us to withhold income tax on the RMD?

If this section is not completed, IRS regulations require federal income tax to be withheld at a rate of 10% from your distributions. Any applicable mandatory state income tax will also be withheld at your state's required minimum rate for Traditional, SEP & SARSEP IRAs. Roth IRAs will default to no withholding.

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

Important Notice: Any distributions from your IRA are subject to federal income tax withholding unless you elect not to have withholding apply. Since the entire distribution may be included in your income that is subject to federal income tax, the withholding will apply to the entire distribution. Qualified distributions from a Roth IRA are non-taxable and therefore not subject to withholding.

- I do not want any federal income tax withheld on my distributions. I understand that I will be responsible for paying the income tax (if any) which may be due as a result of these distributions. 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 distributions at a rate of _____% (10% is the minimum withholding rate). 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:

- Any amounts withheld cannot be reimbursed by Janus Henderson.
- If you elect not to have withholding apply to your distributions, or if you do not have enough federal income tax withheld from your distributions, 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 portions of your distributions. 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 distributions.

Remember to sign on the last page

Step 8 - Entity Information

Name of Entity

Entity Tax Identification Number

Please indicate the type of entity:

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

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

Address

City

State

Zip Code

Phone Number

E-mail Address (optional)

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

Address

City

State

Zip Code

Remember to sign on the last page

Step 9 - Certificate of Authorization (continued)

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

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

Unless expressly declined, the undersigned further certifies that the Corporation/Organization has authorized by resolution or otherwise the establishment of the telephone exchange and telephone redemption by check privileges for the Corporation's/Organization's account with any Fund offering such Privilege. If elected, the undersigned also certifies that the Corporation/Organization has similarly authorized establishment of the electronic transfer, and telephone redemption by wire for the Corporation's/Organization's account with any Fund offering said privileges. Certain transactions may require additional documentation; please refer to the Janus Henderson Prospectus. The undersigned has further authorized each Fund and its transfer agent to honor any written, telephone, or facsimile instructions furnished pursuant to any such privilege by any person believed by the Fund or its transfer agent to their agents, officers, directors, trustees, or employees to be authorized to act on behalf of the Corporation/Organization and agrees that neither the fund nor its transfer agent, their agents, officers, trustees, or employees will be liable for any loss, liability, cost or expense for acting upon any such instructions.

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

In Witness whereof, I have hereunto subscribed my name as Secretary and affixed the seal of the Corporation/

Organization this _____ day of _____, 20 ____ .

Corporate Seal Here (If available)



X

Secretary Signature

Remember to sign on the last page

Step 11 - Continued

- 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 authorize credits/debits to/from the bank account referenced in conjunction with the account option(s) selected. 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 credit/debit my account if the initial attempt fails and I will be liable for any associated costs. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine. I understand it is my responsibility to review account statements and inform Janus Henderson of errors posted to my account. I understand Janus Henderson reserves the right not to correct errors not brought to the company's attention within a reasonable time period. I understand that anyone who can properly identify my account(s) may be able to make telephone transactions on my behalf.
- Authorize the Fund and its agents to reinvest all income dividends and capital gains distributions in the distributing fund.
- Authorize the Fund and its agents to establish check and telephone redemption privileges on my account.
- Consent to the '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 the most recent annual and semi-annual reports, prospectuses, and newsletters to investors who share an address, even if the accounts are registered under different names. My participation in this program will continue indefinitely unless I contact Janus Henderson.
- Agree that the information provided is accurate. Any required minimum distributions are my responsibility. Janus Henderson will not be held liable for any failure to distribute. Due to the important tax consequences associated with retirement plan distributions, I have been advised to consult with a tax advisor.
- **Important Note:** To help the government deter terrorism funding and money laundering activities, all financial institutions are required to obtain, verify and record information that identifies each person who opens an account. So that we may comply with these requirements, we ask you to please complete the registration section in its entirety when opening an account with Janus Henderson. The omission of this information will result in the return of your application and investment. Please note that your ability to perform transactions in your account may also be affected or otherwise delayed if Janus Henderson cannot easily verify the accuracy of the required information in the registration section. If, after 30 days, Janus Henderson is still unable to verify the required information, your account may be closed and your shares redeemed at the next available net asset value (NAV).

Remember to sign on the last page

Step 11 - Continued

Under penalty of perjury, I certify that:

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

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



X _____
Signature of Authorized Officer Title Date



X _____
Signature of Authorized Officer Title Date



X _____
Signature of Authorized Officer Title Date



X _____
Signature of Authorized Officer Title Date

IRA Distribution Form

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

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

Questions?

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

- Please type or print using black ink.
- Please complete all sections of the form unless otherwise noted.
- IRS Announcements 2014-15 and 2014-32 limit rollovers from an IRA to another (or the same) IRA to *one in any 12-month period*, regardless of the number of IRAs you own. This “One-Rollover-Per-Year” rule does not apply to IRA transfers, conversions, recharacterizations, or direct rollovers to or from a qualified plan. Please seek professional tax advice regarding questions about any IRA distributions.
- **Please do not use this form to request distributions for an Inherited IRA.**

Step 1 - Provide all your information

_____	_____	_____	
First Name	Middle Initial	Last Name	

Address			

_____	_____	_____	_____
City	State	Zip Code	Phone Number
_____		_____	
Social Security Number (required)		Date of Birth (required)	

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

Select one:

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

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

Remember to sign on the last page

CONTINUED ON NEXT PAGE

PAGE 1 of 10

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

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

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

Part 1 (please select one)

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

Part 2 (please select one)

Choose The Frequency of Your Automatic Distribution:

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

Choose a start date:

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

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

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

Remember to sign on the last page

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

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

Spouse's Name

Date of Birth

- Beneficiary is not your spouse.**

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

\$ _____

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

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

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

Notes:

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

Remember to sign on the last page

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

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

Contribution Year _____

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

Step 8 - Would you like to withhold income tax? (please select one)

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.

Form W-4P/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 _____ % (10% is the minimum withholding rate).**

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.

Remember to sign on the last page

Step 8 - Continued

Notes:

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

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

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

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

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

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

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

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

Remember to sign on the last page

Step 9 - (continued)

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

Please attach a *preprinted* voided item.

Need an alternative to a voided item? Please contact a Janus Henderson representative at **800-525-1093**.

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 for this option. Additionally, the Janus Henderson account owner must have their signature guaranteed in Step 12.

X _____
Signature of Bank Account Owner Date

X _____
Signature of Bank Account Owner Date

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

Name of Third Party, Entity, Custodian or Bank Account Number

Address

City State Zip Code

Remember to sign on the last page

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

Send my direct rollover to the following Qualified Plan:

Name of Financial Institution or Custodian

Address

City

State

Zip Code

Name on Account

Financial Institution or Custodian Phone Number

Qualified Plan Account Number

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

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

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

Remember to sign on the last page

Step 11 - Please read and sign

- **I agree that the information provided is accurate. The required minimum distribution is my responsibility. Furthermore, if due to my redemption or exchange activity the systematic distribution requested herein cannot be processed, I agree to contact Janus Henderson to adjust my systematic distribution options. Janus Henderson will not be held liable for any failure to distribute. Due to the important tax consequences associated with retirement plan distributions, I have been advised to consult with a tax professional.**

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

- I certify that I have received and read the current prospectus of the Fund(s) in which I am investing. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I agree to read the prospectus for any Janus Henderson fund(s) into which I may request an exchange in the future. I understand that the terms, representations and conditions in this application and the prospectus, as amended from time to time, will apply to this account and any account established at a later date. Access janushenderson.com or call Janus Henderson at 800-525-1093 to obtain a prospectus.
- I authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine. I understand it is my responsibility to review account statements and inform Janus Henderson of errors posted to my account. I understand Janus Henderson reserves the right not to correct errors not brought to the company's attention within a reasonable time period. I understand that anyone who can properly identify my account(s) may be able to make telephone transactions on my behalf.
- I authorize the Fund and its agents to issue credits to and make debits from the bank account information set forth on this form. 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 that is 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 will become part of the terms, representations and conditions of my account.
- I authorize the Fund and its agents to establish telephone and online redemption and purchase privileges on my account. I also authorize the Fund and its agents to reinvest all income dividends and capital gains distributions in the distributing fund. I authorize the Fund and its agents to establish redemption privilege by electronic transfer to the bank account set forth on this application.
- I consent to the 'householding' delivery of any fund prospectuses, shareholder reports or other documents (except transaction confirmations and account statements) that I am required, by law, to receive. This means Janus Henderson will generally deliver a single copy of the most recent annual and semiannual reports, prospectuses, and newsletters to investors who share an address, even if the accounts are registered under different names. My participation in this program will continue indefinitely unless I contact Janus Henderson.

Remember to sign on the last page

Step 11 - (Continued)

- I acknowledge, pursuant to the Emergency Economic Stabilization Act of 2008, Janus Henderson is required to track and report cost basis information on the sale (redemption or exchange) of Covered Shares (shares purchased on or after 1/1/2012) to the Internal Revenue Service (IRS). Reporting is not required for Uncovered Shares (shares purchased before 1/1/2012). Janus Henderson utilizes Average Cost as the default method for tracking and reporting cost basis. If you wish to elect a different method for your account, please cross out this statement and include signed written instructions indicating your desired cost basis method. Alternate elections will apply only to Covered Share purchases.

Important Note: To help the government deter money laundering and terrorism funding activities, all financial institutions are now required to obtain, verify and record information that identifies each person who opens an account. So that we may comply with these requirements, we ask you to please complete this form in its entirety when opening an account with Janus Henderson. The omission of information may result in the return of your application and investment. Please note that your ability to perform transactions in your account may also be affected or otherwise delayed if Janus Henderson cannot easily verify the accuracy of the required information on this form. If, after 30 days, Janus Henderson is still unable to verify the required information, your account may be closed and your shares redeemed at the next available NAV.

Under penalty of perjury, I certify that:

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

Remember to sign on the last page

Step 11 - (continued)

Social Security Number _____

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

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

Signed:

(please review Step 12 below before signing)



X

Signature of Account Owner

Date

Step 12 - Do you need a signature guarantee?

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

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

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

SIGNATURE GUARANTEE STAMP (Including Medallion Guarantees)

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

Certification of Beneficial Owner of Legal Entity Customers Form

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

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

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

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

Certification of Beneficial Owner(s)

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

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

First Name

Middle Initial

Last Name

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.

First Beneficial Owner's Information:

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

Second Beneficial Owner's Information:

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

Third Beneficial Owner's Information:

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

Fourth Beneficial Owner's Information:

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

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

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

Individual with Control Information:

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

5. Please read and sign below.

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

Signature:

X _____
 Signature of Natural Person Opening Account Date

Legal Entity Identifier:

 (Optional)