

# Trading Privileges Form

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

Use this form to authorize a person other than the account owner(s) to trade on your Janus Henderson account(s).

- Limit of one authorized trader per form.
- To add more than one authorized trader to your account(s), please complete a separate form for each authorized trader.
- All account owners and the authorized trader must sign in Section 4.
- Any account subsequently opened will require a new Janus Henderson Trading Privileges Form to establish an authorized trader for that account.
- Print in capital letters using black ink.
- Questions? Call 800-525-3713.

**In a Hurry?**

fax form to 877-319-3852

## 1. What name is on your account? (all fields required)

### Primary Owner/Trustee

\_\_\_\_\_  
First Name                                      Middle Initial                                      Last Name                                      Social Security Number

\_\_\_\_\_  
Preferred Phone Number                                      Additional Phone Number (optional)

### Joint Owner/Trustee/Custodian (if applicable)

\_\_\_\_\_  
First Name                                      Middle Initial                                      Last Name                                      Social Security Number

### Trust Account Information (if applicable)

\_\_\_\_\_  
Trust Name                                      Tax Identification Number

## 2. Which account(s) should this form be applied to?

\*Please note that the authorized trader you have listed will be added in addition to other authorized traders currently on your account(s).

### I would like to add an authorized trader to\* (check one)

All accounts under the primary owner's Social Security Number or Tax ID listed above

**OR**

All funds under account number(s)

### I would like to delete an authorized trader from (check one)

All accounts under the primary owner's Social Security Number or Tax ID listed above

**OR**

All funds under account number(s)

### 3. Authorized trader information (all fields required)

Authorized Trader's First Name	Middle Initial	Last Name
Social Security Number	Date of Birth	
Authorized Trader's Street Address (No PO Box addresses)	Street Name	Apartment Number
City	State	Zip Code
Authorized Trader's Preferred Phone Number	Authorized Trader's Additional Phone Number (optional)	

### 4. Please read and sign the indemnification below.

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 trader with respect to my Janus Henderson account(s).

This authorization is ongoing and shall remain in full force and effect until Janus Henderson receives notice of its revocation. Janus Henderson accepts no liability for acting on instructions from the authorized trader in cases in which it is not notified of the owner's death. Upon notification of the death of an account owner(s), this authorization will no longer be in effect.

I/We hereby designate and authorize the authorized trader identified in Section 3 to exercise each and all of the following acts with respect to my Janus Henderson account(s) designated on this form 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 my account(s);
3. Make inquiries regarding my account(s) and receive account information;
4. Make minor account option changes such as dividend and capital gains distribution options; and
5. 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. Add, delete or change any beneficiary designation;
4. Redeem shares from my fund account(s) and have the proceeds payable or mailed to anyone other than the account owner(s);
5. Have check writing privileges on my account(s);
6. Establish, change or reset PIN or Password; and
7. Change the ownership of my account(s).

**X**

Signature of Account Owner/Trustee/Custodian \_\_\_\_\_ Date \_\_\_\_\_

**X**

Signature of Joint Owner/Co-Trustee (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**X**

Signature of Authorized Trader \_\_\_\_\_ Date \_\_\_\_\_

**Important Note:** To help the government deter terrorism funding and money laundering activities, all financial institutions are now required to obtain, verify and record the information that identifies each person who has authority to trade on a Janus Henderson account. So that we may comply with these requirements, we ask you to please complete Sections 1 and 3 in their entirety. The omission of this information will result in the return of your Janus Henderson Trading Privileges Form. Please note that the ability to perform transactions as an authorized trader may also be affected or otherwise delayed if Janus Henderson cannot easily verify the accuracy of the required information in Sections 1 and 3. If Janus Henderson is unable to verify the required information, your authorized trader information will be removed from all applicable accounts.

