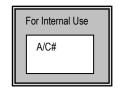
JOHNSON MUTUAL FUNDS TRUST 3777 WEST FORK ROAD CINCINNATI, OHIO 45247 (513) 661-3100 (800) 541-0170 (513) 661-3160 FAX





(over)

## TRANSFER ON DEATH (TOD) BENEFICIARY FORM

	AGR	EEMENT	
the Act, I (we) hereby declare that t	his account # w	tration Act, and in accordance with secrith the Johnson Mutual Funds and the bunt with Rights of Survivorship, and that I	e securities* contained
The current account registration is a	as follows:		
Account Owner		Social Security Number	-
Account Owner		Social Security Number	
Address of Record		Securities owned* (JG, JO, JR, JF, JM, JDS, JDL, JDG, JEI, Other)	
City/State/Zip Code			
		ss to the named beneficiary(ies) lineal descease attach a sheet containing the appropria  Beneficiary Designation:	
Name		Name	
Address		Address	
City/State/Zip Code		City/State/Zip Code	
Date of Birth	% Allocation	Date of Birth	% Allocation
Social Security Number		Social Security Number	
*Securities may be added to the acc	count after the initial registra	tion and shall pass according to this agree	ment.

<b>Spousal Consent:</b> Required only if the primary beneficiary name spouse are residents of the following states: Arizona, California,	ed is not the account owner's spouse and both the account owner and Idaho, Nevada, New Mexico, Washington, or Wisconsin.			
I am married. I understand that if I designate a primary signing below.	beneficiary other than my spouse, my spouse must consent by			
I am not married.				
account, the Custodian has not provided me with legal or tax advi I have received a fair and reasonable disclosure of the TOD assets	ant consequences associated with giving up my interest in the TOD ice, but has advised me to see legal or tax advice. I acknowledge that is and any financial obligations for a community property state. In the the TOD owner such interest in the assets held in this TOD account			
Spouse's Signature	Date			
Witness to Spouse's Signature	Date			
The Johnson Mutual Funds and the account owner(s) hereby agree that the proceeds of this account shall be transferred upon the death of the account owner(s) to the beneficiary(ies) named herein. Notwithstanding the foregoing, the account owner(s) has the right during his or her lifetime(s) both to withdraw the proceeds of this account, in whole or part, and to designate a change in beneficiary(ies). The interest of the beneficiary(ies) shall not vest until the death of the account owner or both owners if this account is a Joint Account with Rights of Survivorship. No change in the designation of the beneficiary(ies) shall be valid unless executed in the form and manner prescribed by the Fund's Transfer Agent. A specimen of the owner's signature(s) for this account is on file at the Transfer Agent and the Transfer Agent is hereby authorized to act without further inquiry on writings bearing such signature or signatures.				
In the event of the death of the primary account owner(s), the law requires a TOD beneficiary to provide the Fund's Transfer Agent a copy of the death certificate and a tax release or equivalent and endorsement by the beneficiary with the signature(s) guaranteed. The Transfer Agent may require additional information from the beneficiary(ies) as necessary to process the transfer. As evidenced by the signature(s) below, I (we) hereby agree to the terms of this TOD account.				
Primary Account Owner Signature	Date			
Notarized				
STATE OF )				
STATE OF				
On thisday of,, aforesaid, personally appeared acknowledged to me that he/she executed the above instrument for	before me, a Notary Public in and for the State and County and Grantor(s) and Account Owner(s), and or the purposes therein mentioned.			
[Seal]	Notary Public			