

Direct Rollover IRA Form

PO Box 55932 • Boston, MA 02205-5932 • 800-379-7603

Use this form to invest an eligible rollover distribution from an employer's retirement plan into a new or existing IRA at Janus. Do **not** use this form to move your IRA from another financial institution to a Janus IRA. Send completed and signed form to Janus (**Sections 1 through 6**). Janus will forward your form and a Letter of Acceptance to the plan as indicated in **Section 2**.

- **IMPORTANT.** You may need to complete your employer's forms. Contact them for instructions or call a Janus Direct Rollover Specialist at 800-379-7603 for assistance, which may include a conference call with your current retirement plan provider.
- Any **Required Minimum Distributions** (RMDs) are not eligible for a rollover and must be distributed before rolling over assets into an IRA.
- If you are establishing a new account, please include a completed Janus IRA Application for each account type.

1. Tell us about yourself.

Owner information

First Name	Middle Initial	Last Name
Social Security Number	Date of Birth	
Street Number	Street Name	Apartment Number
City	State	Zip Code
Phone Number (required)	Additional Phone Number (optional)	

2. Tell us about your employer's retirement plan that you would like to roll over.

Where are your assets currently held?

Name of current custodian, firm or trustee		
Address		
City	State	Zip Code
Phone Number (required)	Account Number	

How much would you like to roll over to Janus?

Indicate the approximate amount \$ _____ or percentage _____%

Note to the plan/employer: Janus does not accept certificated shares. Send check payable to Janus (see Letter of Acceptance).

3. Tell us your direct rollover instructions.

My rollover is coming from:

Traditional tax-deferred assets from a 401(a), 401(k), 403(b) or 457(b)

Deposit rollover into a:

Traditional IRA _____ % or \$ Amount

SEP IRA _____ % or \$ Amount

Roth IRA* _____ % or \$ Amount

I do not want federal income tax withheld.

I want federal income tax withheld _____ % or \$ Amount

Note: * When converting assets from traditional tax deferred assets to a Roth IRA, you are responsible for any federal income taxes, state or local taxes, and any penalties that may apply to your taxable conversion. You may elect to have federal withholding taken and sent to the IRS on your behalf. If federal withholding is taken during the rollover process, state withholding may also be required depending on the state. You may also be responsible for any penalties and taxes of assets not rolled over. (Please refer to the attached notice titled “**Distribution Notice**” for additional information.)

My rollover is coming from:

Designated Roth assets from a Roth 401(k), Roth 403(b), or Roth 457(b)

Deposit rollover into a:

Roth IRA _____ % or \$ Amount

Note: If you have any “After-Tax” assets in your plan, please contact us.

4. Tell us which Janus funds you would like to own.

For IRA accounts, the minimum initial investment is \$1,000 per fund or \$500 per fund when establishing an Automatic Investment of at least \$50 per fund. Questions? Call 800-379-7603.

Traditional IRA or SEP IRA Fund Selections:

If rolling over assets to a Traditional IRA or SEP IRA, provide your fund selections below.

Janus Fund Name Existing Account Number or “**New**” % or \$ Amount

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Roth IRA Fund Selections:

If rolling over assets to a Roth IRA, provide your fund selections below.

Janus Fund Name Existing Account Number or “**New**” % or \$ Amount

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Janus Fund Name Existing Account Number or “**New**” % or \$ Amount

Note: If “**New**,” please include a completed Janus IRA Application to establish a new account.

5. To expedite your request, we recommend you contact your current plan administrator or custodian to determine if they have any additional requirements, such as:

- Assets may need to be liquidated prior to being rolled over
- Signature Guarantee may be required (obtain signature guarantee in **Section 6**)
- Outstanding fees may be owed
- Specific plan administrator's or custodian's address
- Spousal Consent (provided by your current plan administrator or custodian)
- Qualified Joint and Survivor Annuity Notice (provided by your current plan administrator or custodian)

6. Please read and sign below.

By signing below,

I acknowledge all declarations made in this document. I certify that I have received, read and understand "Distribution Notice," and, if applicable "Qualified Joint and Survivor Annuity Notice." I understand that conversions to a Roth IRA will be treated as a distribution from my employer's retirement plan and may be considered ordinary income for tax purposes. Furthermore, any amounts withheld for federal and state tax withholding from a conversion could be subject to an early withdrawal penalty if I am under age 59½. I certify that all assets are eligible for rollover and, if applicable, any required minimum distributions (RMDs) and any assets deemed to be ineligible for rollover have been distributed to me and are not included in this Direct Rollover.

X _____
Signature of Plan Participant or Beneficiary Date

Printed Name of Plan Participant or Beneficiary

X _____
Signature of Plan Administrator/Employer (only as required by the current custodian or financial institution where the assets are held) Date

**SIGNATURE GUARANTEE STAMP
(Including Medallion Guarantees)**

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

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 you intend to obtain a signature guarantee from for further information. **A notary public cannot provide a signature guarantee.**

IRA Application

PO Box 55932 • Boston, MA 02205-5932 • 800-525-1093

You must be a current Janus retail shareholder or a member of their immediate family or household to open a new account directly with Janus. Please select the statement that applies to you and provide the information requested to establish proof of your eligibility:

In a Hurry?
fax form to 877-319-3852

1. Provide eligibility to open a Janus account. (check one)

I am an **existing** Janus investor. My account number is: _____

- or -

I am the immediate family member of, or live in the same household as, an existing Janus retail investor. Or, this application is for the purpose of re-registering an existing Janus account.

Please check the box that corresponds with your relationship to the **existing** Janus investor:

Immediate Family Member* Household Member Change of Ownership

*Immediate family member is defined as: parent, sibling, spouse, child, grandparent, grandchild, aunt/uncle, niece/nephew, cousin, great-grandparent, or great-grandchild and same relationships by marriage.

Please provide the following information about the **existing** Janus shareholder.

_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
Street Number	Street Name	Apartment Number
_____	_____	_____
City	State	Zip Code

If the information outlined above is not provided, Janus will be unable to establish an account for you.

Use this form to establish a Traditional IRA, Roth IRA or SEP IRA at Janus.

Please do not use this form to establish a Decedent/Beneficiary IRA or a non-retirement account at Janus.

- You must be a US Citizen or a US Resident Alien residing in the United States or a US Territory to open a Janus 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 Section 12.
- Read the prospectus carefully before you invest or send money.
- Print in capital letters using black ink.
- Questions? Call 800-525-1093.

2. What type of IRA would you like to open? (check one)

Traditional IRA Roth IRA SEP IRA (completed IRS Form 5305-SEP is on file with employer)

3. What name would you like on your account? (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

4. What address would you like on your account? (all fields required unless noted)

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

Street Number or PO Box Street Name Apartment Number

City State Zip Code

Phone Number E-mail Address (optional)

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

Street Number Street Name Apartment Number

City State Zip Code

5. How would you like to fund your IRA? (check one)

- Annual contribution (*select contribution year*)
 - Prior Year
 - Current Year (maximum \$5,500 per tax year, \$6,500 if age 50 or over)
- Transfer of an existing IRA from another financial institution
Please enclose a Janus IRA Transfer Form.
- Rollover of an existing IRA
- Rollover from Employer Retirement Plan
 - Check enclosed
 - Assets will be sent to Janus separate from this application
- Inherited IRA - Call 800-525-1093
- Conversion of a Janus Traditional IRA to a Janus Roth IRA
Please enclose an Authorization to Convert a Janus Traditional IRA Form.
- Recharacterization of a Janus IRA
Please enclose a Janus Recharacterization Form.
- SEP Employer Contribution (*select contribution year*)
 - Current Year
 - Prior Year

6. Which Janus funds would you like to own?

For IRA accounts, the minimum initial investment is \$1,000 per fund or \$500 per fund when you choose to invest on monthly basis through our Automatic Investment Program,* see Section 10.

See Available Janus Funds on last page.

Janus Fund Name	% or \$ Amount
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*Certain retirement plans such as SEP IRAs may not be subject to stated minimums, as defined in the fund's prospectus.

7. How would you like to make your initial fund purchase? (check one)

- Electronically - Make a one-time withdrawal of \$ _____ from the bank account listed in Section 9.
- Check - Make your personal check, Direct Rollover check, or Cashier's check payable to **Janus** and enclose it with your completed application.
- Check - Direct Rollover check will be sent to Janus separate from this application.

8. Subsequent Account Agreement (optional)

By checking this box, I agree that the information contained in this application can be used in the future to open subsequent accounts by telephone, excluding retirement accounts.

- I Agree
- I Disagree

9. Provide your bank information.

Please provide your bank information if you are enrolling in Janus' Automatic Investment Program and/or would like to make future electronic purchases and redemptions.

This is a: Checking Account Savings Account



Please attach a preprinted voided item.

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

Signature(s) of bank account owner(s), if different from Janus account owner(s), are required to add Purchase options. To add Redemption options, if all bank owner(s) are different from the Janus account owner(s), fill out the Bank Options Form.

10. Do you want to invest on a regular basis through Janus' Automatic Investment Program?

Enroll in our Automatic Investment Program (AIP) and we'll automatically transfer a set amount (minimum \$50) from your bank account directly into the Janus fund(s) of your choice. If you would like to enroll, please provide your bank information in Section 9. Need more information? Please contact a Janus representative at 800-525-1093.

				Frequency*
				<input type="checkbox"/> Monthly
				<input type="checkbox"/> Every Other Month
				<input type="checkbox"/> Quarterly
<hr/>				
Fund Name	Investment Amount* (\$50 min.)	Starting Month	Investment Date*	
<hr/>				
				Frequency*
				<input type="checkbox"/> Monthly
				<input type="checkbox"/> Every Other Month
				<input type="checkbox"/> Quarterly
<hr/>				
Fund Name	Investment Amount* (\$50 min.)	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 a prior-year contribution(s):

Jan Feb Mar Apr (must be on or before the 15th)

For SEP IRA accounts, please indicate type of contribution: Employer Employee

Please send me information about Janus' Payroll Deduction Program.

11. Who would you like to name as the beneficiary(ies) of your account?

Please designate the individual(s) named below as primary and secondary beneficiary(ies) of this IRA. If more than two primary or secondary beneficiaries are needed, please attach a letter of instruction. Secondary beneficiaries receive distributions only if no primary beneficiaries survive you. If a percentage has not been indicated, equal distributions will be made to the appropriate beneficiaries. If applicable, the share of a beneficiary who predeceases the account owner will be divided proportionally among the surviving beneficiaries.

A. Primary Beneficiary(ies) (The sum of all primary beneficiary designations must equal 100%.)

First Name Middle Initial Last Name

Spouse
 Non-Spouse

Social Security Number Date of Birth % of Account

Check here if beneficiary is a minor and appoint one person as custodian. You cannot name yourself as custodian.

Custodian's Full Name Social Security Number

First Name Middle Initial Last Name

Spouse
 Non-Spouse

Social Security Number Date of Birth % of Account

Check here if beneficiary is a minor and appoint one person as custodian. You cannot name yourself as custodian.

Custodian's Full Name Social Security Number

Total: _____ % Must total 100%

B. Secondary Beneficiary(ies) (The sum of all secondary beneficiary designations must equal 100%.)

First Name Middle Initial Last Name

Spouse
 Non-Spouse

Social Security Number Date of Birth % of Account

Check here if beneficiary is a minor and appoint one person as custodian. You cannot name yourself as custodian.

Custodian's Full Name Social Security Number

First Name Middle Initial Last Name

Spouse
 Non-Spouse

Social Security Number Date of Birth % of Account

Check here if beneficiary is a minor and appoint one person as custodian. You cannot name yourself as custodian.

Custodian's Full Name Social Security Number

Total: _____ % Must total 100%

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 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 of errors posted to my account. I understand Janus 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 shall be fully protected in honoring any such transaction. I also agree that Janus 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 will price my purchase at the net asset value next determined after Janus receives good funds. All account options selected will become part of the terms, representations and conditions of this application.
- 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 privilege by electronic transfer to the bank account set forth on this application.
- Certify (if I am married and reside in a community property or marital property state) that 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 is liable for any consequences resulting from failure to accurately represent spousal consent.)
- 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 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.
- **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 Sections 3 and 4 in their entirety when opening an account with Janus. 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 cannot easily verify the accuracy of the required information in Sections 3 and 4. If, after 15 days, Janus 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.

I am eligible to invest directly with Janus because I, and/or a member of my immediate family or household, currently hold accounts directly with Janus.

X

Signature of Owner or Parent/Guardian, if Applicable

Date

Janus Funds

PO Box 55932 • Boston, MA 02205-5932 • 800-525-3713

Asset Allocation

- Janus Balanced (51)
- Janus Global Allocation—Growth (76)
- Janus Global Allocation—Moderate (77)
- Janus Global Allocation—Conservative (78)

Growth & Core

- Janus Contrarian (61)
- Janus Enterprise (50)
- Janus Fund (42)
- Janus Growth and Income (40)
- Janus Research (48)

Value

- Perkins Global Value (64)
- Perkins International Value (88)
- Perkins Large Cap Value (35)
- Perkins Select Value (85)
- Perkins Small Cap Value (65)
- Perkins Value Plus Income (36)

Alternative

- Janus Diversified Alternatives (87)
- Janus Global Unconstrained Bond (90)

Global & International

- Janus Adaptive Global Allocation (44)
- Janus Asia Equity (83)
- Janus Emerging Markets (79)
- Janus Global Life Sciences (59)
- Janus Global Real Estate (31)
- Janus Global Research (41)
- Janus Global Select (62)
- Janus Global Technology (60)
- Janus International Equity (28)
- Janus Overseas (54)

Mathematical

- INTECH Emerging Markets Managed Volatility (32)
- INTECH Global Income Managed Volatility (84)
- INTECH International Managed Volatility (30)
- INTECH U.S. Managed Volatility (26)

Fixed Income (Bond)

- Janus Flexible Bond (49)
- Janus Global Bond (80)
- Janus High-Yield (57)
- Janus Multi-Sector Income (89)
- Janus Real Return (82)
- Janus Short-Term Bond (52)

Money Market

- Janus Government Money Market (38)
- Janus Money Market (37)