

Inheriting an IRA— Individual Beneficiary Checklist

PO Box 55932 • Boston, MA 02205-5932 • 800-240-4313

Re-registration Requirements

- Completed Janus IRA Beneficiary Claim Form—Individual Beneficiary
- Certified copy of the death certificate (photocopies not accepted)
- Tax waiver if required by the decedent's state of residence (see Janus IRA Beneficiary Claim Form for details)
- Clear instructions for any distribution (if applicable)

Questions?

call us at 800-240-4313

Beneficiary Options

Account will be re-registered into either an IRA or Inherited IRA account before any distributions can be taken.

Spouse beneficiary options:

1. Roll over the assets into a new or existing Janus IRA in your name (normal IRA rules apply)
2. Transfer the assets into a Janus Inherited IRA
Distribution options:
 - Lump sum distribution
 - Distribute based on life expectancy (May need to start the year following the year of the IRA holder's death.)
 - Distribute using the 5-year rule
 - Roll over the assets into an eligible retirement plan (including an IRA)

Non-Spouse beneficiary options:

1. Transfer the assets into a Janus Inherited IRA
Distribution options:
 - Lump sum distribution
 - Distribute based on life expectancy (May need to start the year following the year of the IRA holder's death. This option is not available for estate/entity beneficiaries.)
 - Distribute using the 5-year rule

Required Minimum Distribution (RMD) Information

Complete Section 4 of the Janus IRA Beneficiary Claim Form if an RMD is required.

- **Required Minimum Distribution (RMD)** - When an IRA participant reaches the age of 70½, they must begin withdrawing assets from their IRA accounts. Generally the RMD is the minimum amount that must be withdrawn annually from the IRA.
- **Required Beginning Date (RBD)** - This is the deadline for the first RMD. This initial RMD must be taken by April 1st of the year after the original IRA owner turns 70½.
- **Beneficiary responsibility** - If the decedent was required to take an RMD, and has not taken the RMD or has only taken a portion of the RMD, each beneficiary is required to withdraw their portion of the RMD by December 31st in the year of death.

Other Important Definitions

- **Life expectancy** - Remaining number of years an individual is expected to live. Life expectancy tables are issued by the IRS and are used to calculate RMDs for retirement account owners and their beneficiaries.
- **Five-year rule** - A distribution option from an Inherited IRA where assets must be withdrawn by December 31st of the fifth year following the original owner's death. Only available if the decedent was not subject to RMDs (died prior to RBD).
- **Lump sum distribution** - Distribute all funds in the account once they are re-registered to the beneficiary. Complete the Janus IRA Distribution form. This option is available at any time.
- **Rollover (treat-as-own)** - Available at any time to a spouse beneficiary. Allows the spouse beneficiary to move assets into an IRA after satisfying any required minimum distribution (RMD) for the decedent. After a rollover, all normal IRA rules will apply.
- **Inherited IRA account** - Available to spouse and non-spouse beneficiaries. Original owner's name remains on the account and you will continue to be the beneficiary of the account. Inherited IRA rules will apply, including those for distribution.

Janus highly recommends consulting with a tax professional or financial advisor before making any choices.

Janus IRA Beneficiary Claim Form— Individual Beneficiary

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Use this form to establish an account when the original IRA owner is deceased and you have been designated as the beneficiary. Each beneficiary must complete a separate claim form.

- There are many options to consider when inheriting an IRA. Janus highly recommends consulting with a tax or financial advisor 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 Representative or visit www.janus.com.
- In the event of an IRA participant's death, the executor 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.
- Print in capital letters using black ink.
- Questions? Call 800-240-4313.
- You must be a US Citizen or US Resident Alien residing in the United States or a US Territory to open a Janus account. Shares inherited by an IRA beneficiary who does not meet this requirement must be immediately liquidated (mandatory tax withholding rules may apply).
- An **inheritance tax waiver** may be required if the decedent was a resident of **Alabama** (not required if death occurred after 12/31/04), **Indiana** (not required if transferred to spouse), **Ohio** (not required if transferred to the surviving spouse, value less than \$25,000 as of date of death, or decedent died after 12/31/12), **Oklahoma** (not required if transferred to spouse, or if death occurred after 12/31/09), **Pennsylvania** (not required if transferred to spouse), **Puerto Rico** or **Tennessee**. Please contact the appropriate state's department of revenue for further information.
- **For minor beneficiaries:** If a custodian for a minor beneficiary was not previously designated by the account owner, the personal representative of the decedent's estate must designate one. Additional documentation may be required. Please call for more information if a minor is inheriting the 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 Section 7.

Please include an original certified copy of the decedent's death certificate.

Please return the certified death certificate and/or court documents to me at (please print): _____

Required Minimum Distribution (RMD):

If the IRA owner died after reaching age 70½, but before April 1 of the year following their 70½ year, no RMD is required until the next year. However, if the IRA owner died after April 1 following the year they reached 70½, 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. If an RMD is required, please complete Section 4. An RMD is not required for the original owner of a Roth IRA. However, the beneficiary may be required to take RMDs following the year-of-death of the original owner.

Distribution Election:

Assets inherited from an IRA have many unique options and requirements. Prior to making your distribution election(s), Janus encourages you to consult with a tax advisor and/or financial planner for assistance in making such an important decision. Once you have determined how you wish to distribute these assets, please complete the appropriate Janus Distribution Form (enclosed) and return it with your Beneficiary Claim Form. Please contact a Janus Representative with any additional questions.

1. Original IRA Owner Information

Original Owner's Full Legal Name

First Name Middle Initial Last Name

Original Owner's Date of Birth Original Owner's Date of Death Original Owner's Social Security Number

Check one box to indicate the type of account you are inheriting.

- Traditional IRA SEP-IRA SARSEP-IRA Roth IRA (review Inheriting a Roth IRA—Beneficiary Checklist)

3. Spouse Beneficiary Options (if applicable)

Complete this section only if you are a spouse beneficiary.

Rollover to a Janus IRA. This option is only available to the **spouse** beneficiary of the deceased shareholder. Assets will be moved into the same fund using the same allocations as that of the decedent unless otherwise indicated. To use your existing account the type of IRA must match the type of account you are inheriting.

Use my existing IRA account number: _____

Establish a new IRA in my name

Transfer assets to a new Janus Inherited IRA account.

Note: If no box is checked, Janus will establish an Inherited IRA account and Inherited IRA rules will apply.

4. Required Minimum Distribution (RMD)

If the IRA owner died after reaching age 70½, but before April 1 of the year following their 70½ year, no RMD is required until the next year. However, if the IRA owner died after April 1 following the year they reached 70½, 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. (check all that apply)

Please calculate and distribute the decedent's RMD for the year-of-death. (Does not apply to Roth IRAs)

I have included a completed Janus IRA Distribution Form for an amount other than the decedent's RMD.

I have included a completed Janus IRA Systematic Distribution Form to automatically redeem the beneficiary's RMD going forward.

I plan to take the decedent's RMD at a later time prior to IRS deadlines. (Does not apply to Roth IRAs)

I plan to take beneficiary distributions at a later time prior to IRS deadlines.

The decedent's RMD has been satisfied for the year of death or is not required. (Does not apply to Roth IRAs)

Notes:

- The RMD will be distributed proportionately from all inherited funds and sent to your address of record.
- If there is more than one beneficiary, each beneficiary should distribute their portion of the deceased owner's RMD before 12/31 in the year of death. (If applicable)
- For other distribution amounts and/or options, please complete the Janus IRA Distribution Form or the Janus IRA Systematic Distribution Form (enclosed).
- Any missed distributions (excess accumulations) may be subject to a 50% IRS excise penalty.
- Due to the complexity of any missed RMDs for either the decedent or beneficiary, you may need to include a letter of instruction. Should you have any questions, please consult with a professional tax advisor or see IRS Publication 590.

5. Would you like federal income tax withheld on the RMD? (check one)

I do not want any federal income tax withheld on my RMD distribution. I understand that I will be responsible for paying the income tax (if any) which may be due as a result of this distribution.

Please withhold federal income tax on my RMD distribution above at the rate of _____% (a withholding rate of 10% will be used if you do not specify). I understand that Janus will remit any income tax which has been withheld to the Internal Revenue Service on my behalf. If required by your state, mandatory withholding at the state level will be taken at your state's required minimum rate if federal withholding is taken.

Notes:

- If no box is selected, federal income tax will be taken at a default rate of 10% for Traditional, SEP & SAR-SEP IRAs; Roth IRAs will default to no withholding.
- Any amounts withheld cannot be reimbursed by Janus.
- 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.

For more information, or for assistance completing this form, please contact a Janus Representative at 800-240-4313.

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

A. Primary Beneficiary(ies)

If applicable, the share of a beneficiary who predeceases the account owner will be divided proportionally among the surviving beneficiaries. If you have more than 2 primary beneficiaries please attach a separate sheet. Primary beneficiary allocations must total 100%.

First Name	Middle Initial	Last Name	
Social Security Number	Date of Birth	% of Account	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse

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

Custodian's Full Name

First Name	Middle Initial	Last Name	
Social Security Number	Date of Birth	% of Account	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse

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

Custodian's Full Name

Total: _____ % Must total 100%

B. Secondary Beneficiary(ies)

Secondary beneficiaries only receive assets if the account owner has died and all primary beneficiaries predecease the owner or disclaim assets. If you have more than 2 secondary beneficiaries please attach a separate sheet. Secondary beneficiary allocations must total 100%.

First Name	Middle Initial	Last Name	
Social Security Number	Date of Birth	% of Account	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse

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

Custodian's Full Name

First Name	Middle Initial	Last Name	
Social Security Number	Date of Birth	% of Account	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse

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

Custodian's Full Name

Total: _____ % Must total 100%

7. 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) appoint State Street Bank and Trust Company, or its successors, as custodian on the account; (3) 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; (4) agree to promptly give instructions to the custodian necessary to enable the custodian to carry out its duties under the Custodial Agreement; (5) agree that this account will be subject to the Custodial Agreement as amended from time to time; and (6) 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 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.
- Certify that if I am the spouse beneficiary and have elected to rollover the assets into a Janus IRA in Section 3, that in addition to the other terms and conditions listed, I: (1) certify that all contributions to the IRA meet the requirements of the Internal Revenue Code governing such contributions; and (2) authorize the Fund and its agents to establish telephone and online purchase privileges on my account.
- Certify (if I am married and reside in a community property or marital property state) my spouse has knowledge of and consents to the designation of a non-spouse beneficiary for this account. (Please consult with a legal advisor regarding your beneficiary designation. Neither the custodian nor the plan advisor is liable for and consequences resulting from failure to accurately represent spousal consent.)
- Understand that Florida law voids, with certain limited exceptions, an ex-spouse's designation as beneficiary if designated prior to the time the decedent's marriage was judicially dissolved or declared invalid by court order. As a result of this law, I may be required to provide additional documentation before Janus is able to process my request.
- 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 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.
- Agree that the information provided is accurate. Any required minimum distributions are my responsibility. Janus 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. 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 the registration section. 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 net asset value (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.



X

Signature of Owner or Custodian for Minor

Date

IRA Systematic Distribution Form

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

Use this form to establish systematic distributions from your IRA.

Do not use this form for a one-time distribution.

- Print in capital letters using black ink.
- Questions? Call 800-525-1093.

1. What name is on your retirement account at Janus?

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)	
Fund Name or Number	Account Number	

2. What distribution option would you like? (check A or B)

- Option A:** Please redeem a total of \$ _____ per payment. (**continue to Section 3B**)
- Option B:** Please calculate my Required Minimum Distribution (RMD) or Series of Substantially Equal Periodic Payments from my retirement account.

Note: If no box is checked above, Option B will be used.

Required Beneficiary Information

Non-trust beneficiary: Please provide your spouse's date of birth if your sole primary beneficiary is your spouse who is more than 10 years younger than you.

Spouse's Date of Birth	Name of Spouse Beneficiary
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Trust beneficiary: If the beneficiary of your account is a trust, please provide the date of birth of the oldest primary beneficiary of the trust.

Trust Beneficiary's Date of Birth	Name of Trust Beneficiary
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- Check if the trust beneficiary is the spouse and is the sole primary beneficiary.

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

3. From which funds(s) would you like the distribution taken? (check A or B)

- A. From all funds proportionate to each fund's prior year-end balance _____ Account Number
- B. From the following funds (allocate as a % or amount of distribution for each fund listed):

Fund Name or Number	Account Number	% or \$ Amount
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Fund Name or Number	Account Number	% or \$ Amount
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Fund Name or Number	Account Number	% or \$ Amount
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Notes:

- If you have elected to have Janus calculate your RMD in Section 2 and selected Option B in Section 3, then each year you will need to contact a Janus Representative to have your RMD manually re-calculated. Failure to do so may result in a distribution amount different than expected.
- If no box is checked, Option A will be used.

4. How often would you like to take your distribution? (check one)

Unless otherwise requested, quarterly means March, June, September and December; semiannually means June and December; and annually means December.

- Monthly Quarterly Semiannually Annually – specify month _____

Date of distribution _____ (If no date is specified, the distributions will be made on or about the 24th. If frequency is not specified, the distributions will be made annually.)

In what year should these distributions begin? _____ (If no year is specified, distributions will be established immediately and paid as selected above.)

5. What type of distribution is this? (check 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.

6. Do you want federal income tax withheld? (check one)

- I do not want any federal income tax withheld on my distribution. I understand that I will be responsible for paying the income tax (if any) which may be due as a result of my distribution.
- Please withhold federal income tax on my distribution at the rate of _____ % (a withholding rate of 10% will be used if you do not specify). I understand that Janus will remit any income tax which has been withheld to the Internal Revenue Service on my behalf. If required by your state, mandatory withholding at the state level will be taken at your state's required minimum rate if federal withholding is taken. 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.

Notes:

- If no box is selected, federal income tax will be taken at a default rate of 10% for Traditional, SEP & SAR-SEP IRAs; Roth IRAs will default to no withholding.
- Any amounts withheld cannot be reimbursed by Janus.
- You may adjust your withholding election on a systematic withdrawal at anytime by contacting a Janus Representative at 800-525-1093.
- 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.

7. Where would you like your distribution sent? (check one)

- My new or existing non-retirement account at Janus (**complete Section 8**).
- Please send my distributions to the address of record.
- Please send my distributions to the bank of record. (**I have this redemption option on my account**).
- Please send my distributions to the bank account indicated in Section 9 (**signature guarantee required**).
- Please send my distributions to the following address (**signature guarantee required**).

 Name of Third Party (Custodian or Bank) Account Number

 Address

 City State Zip Code

8. What Janus funds would you like to own?

(Complete this section to set up a new non-retirement account or to allocate to an existing non-retirement account.)*

 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

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

*Signature guarantee may be required if distribution is being paid to an account with any name(s) which is different from, or in addition to, the name of record on the Janus retirement account. Please call 800-525-1093 for specific instructions.

9. What bank will you be using?

Please attach a preprinted voided check (or deposit slip for a savings account) below to provide us with the relevant bank and account information to establish your electronic options.

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 all 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. Please read and sign.

By signing:

- 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 to adjust my systematic distribution options. Janus 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 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 janus.com or call Janus 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 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.
- 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 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 that is 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 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 '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 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.
- I acknowledge, pursuant to the Emergency Economic Stabilization Act of 2008, Janus 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 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. 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 cannot easily verify the accuracy of the required information on this form. 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 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).

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 read instructions below before signing)

X

Signature of Account Owner

Date

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.
- Being paid to an account that is different than the name on the Janus IRA. Please call 800-525-1093 for specific instructions.
- Being paid to a bank account other than the bank of record.

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

Janus IRA Distribution Form

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

Use this form for a one-time distribution from your Janus IRA.

- Print in capital letters using black ink.
- Questions? Call 800-525-1093.
- 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.

1. What name is on your account?

Name

Address

City

State

Zip Code

Daytime Phone Number

Evening Phone Number

Social Security Number (required)

Date of Birth (required)

2. What amount would you like distributed?

Fund Name or Number

Account Number

% or \$ Amount

Fund Name or Number

Account Number

% or \$ Amount

Fund Name or Number

Account Number

% or \$ Amount

3. What type of distribution is this? (check one)

- Premature distribution** - I am under 59½.
- Disability**
- Normal distribution** - I am 59½ or older.
- Return of excess contribution for 20____ (year) including applicable earnings, if any.**
- Death** - Please call 800-525-1093 for specific distribution instructions.
- Direct Rollover** - 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. Questions? Please call 800-525-1093.

4. Do you want federal income tax withheld? (check one)

- I do not want any federal income tax withheld on my distribution. I understand that I will be responsible for paying the income tax (if any) which may be due as a result of my distribution.
- Please withhold federal income tax on my distribution at the rate of _____% (a withholding rate of 10% will be used if you do not specify). I understand that Janus will remit any income tax which has been withheld to the Internal Revenue Service on my behalf. If required by your state, mandatory withholding at the state level will be taken at your state's required minimum rate if federal withholding is taken.

Notes:

- If no box is selected, federal income tax will be taken at a default rate of 10% for Traditional, SEP & SAR-SEP IRAs; Roth IRAs will default to no withholding.
- 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.
- Any amounts withheld cannot be reimbursed by Janus.
- Withholding is not an option on return of excess requests.

5. Where would you like your distribution sent? (complete A or B)

A. If you indicated in Section 3 that this distribution is a direct rollover, please complete the option below.

- Please make the check payable to the custodian named below. **(Signature guarantee required. See Section 8.)**

Name of Financial Institution or Custodian

Address

City

State

Zip Code

Name on Account

Phone Number

Account Number

Type of Plan (If assets are going into a qualified retirement plan, excluding an IRA or Roth IRA, then indicate Direct Rollover in Section 3)

B. The assets should be distributed and paid as instructed below.

- Please send the distribution to the address of record payable as registered.
- Please send the distribution to the bank provided in Section 6. **(Signature guarantee required. See Section 8.)**
- Please deposit the proceeds into my Janus non-retirement account. **(Signature guarantee may be required. See Section 8.)**

Fund Name or Number

Account Number or "New" (Janus Account Application enclosed.)

% or \$ Amount

- Please send the distribution to the following address. **(Signature guarantee required. See Section 8.)**

Name

Address

City

State

Zip Code

6. Your bank information

Please attach a voided, unsigned check or savings deposit slip and complete this section to authorize credits to your bank account. By signing in Section 7 and completing the following information, I authorize credits to the bank account referenced in conjunction with the account option(s) selected. I also agree that Janus may make additional attempts to credit my account if the initial attempt fails and I will be liable for any associated costs. All account options elected shall become part of the account application and the terms, representations and conditions thereof.

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 all 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.

7. Before you send your completed IRA Distribution Form, please read and sign below.

By signing below, I agree:

That the information provided is accurate. Janus 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.

X

Signature of Account Owner

Date

8. Do you need a signature guarantee?

A signature guarantee is required if one or more of the following applies to your distribution.

Your distribution is:

- Over \$250,000.
- Mailed to a name or address other than the name or address of record.
- Deposited into a bank account other than that of record.
- Paid to an account that is different than the name on the Janus IRA. Please call 800-525-1093 for specific instructions.

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.**