

Account Services Form

Use this form to make changes and/or add options to your existing Harbor Funds account. Please print in capital letters and in black ink.

Questions?

Call 800-422-1050

To obtain additional forms or to complete this form online, visit us at harborcapital.com.

Step 1: Account Registration *Required*

Name

Account Number

Primary Phone Number

Optional Phone Number

Joint Owner's Name - *If any*

Step 2: Change Your Address or E-mail Address

Provide correct address below:

Mailing Address (Street or P.O. Box)

City

State

Zip Code

E-mail Address

➤ There will be a 10 business day hold on all redemption checks after an address of record has been changed, unless accompanied by a **Medallion Guarantee** is **Step 11**.

Street Address (Can be a military APO or FPO; P.O. Box is not acceptable)

City

State

Zip Code

➤ Complete this section if your mailing address is a P.O. Box or if your residential address is different than your mailing address.

Step 3: Change Your Distribution Options

Dividends (select only one):

Reinvestment or Payment Options:

- Reinvest in the same Fund
- Reinvest from to
Fund Number Fund Number
(Both must be pre-established)

- Send by electronic transfer to my bank - Complete the Electronic Transfer portion of **Step 8**.
- Send by Check

Capital Gains (select only one):

Reinvestment or Payment Options:

- Reinvest in the same Fund
- Reinvest from to
Fund Number Fund Number
(Both must be pre-established)

- Send by electronic transfer to my bank - Complete the Electronic Transfer portion of **Step 8**.
- Send by Check

➤ If no selection is made, the current distribution options on your account will remain.

If you are investing in several Funds and would like different options for each Fund, please provide your instructions on a separate sheet.

Step 4: Add or Change Your Second Party Mailing

By completing this section, you acknowledge that any second parties you add will continue to receive duplicate statements/confirmations until you contact a Shareholder Services Representative and follow the instructions for terminating the statement/confirmation delivery. Harbor Funds is not responsible for the use of your account information by any second party recipient.

I would like duplicate statements/confirmations mailed to:

First Name M.I. Last Name

Name of Company - If applicable

Street Address

City State Zip Code

- I have included the necessary information for **additional second parties** on a separate sheet, in the same format.
- The individual(s) listed are authorized to receive information about account history and balances by telephone.

➤ The second party will not be authorized to transact on this account.

Step 5: Change Your Name

Provide correct name below:

Signature of Former Name Print Former Name

Signature of Current Name Print Current Name

➤ Use this form to notify us of your name change due to marriage, divorce or other personal reasons. To change account ownership, call the Shareholder Services Agent at 1-800-422-1050.

Include a copy of the marriage certificate or court documentation granting your legal name change.

Step 6: Add or Change Your Beneficial Owner Information

Beneficial Owner(s):

Name	Title

Mailing Address (Street or P.O. Box)

		%	
Date of Birth (mm/dd/yyyy)	Social Security/Government Issued ID Number	Share Percentage	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Nonresident Alien

Name	Title

Mailing Address (Street or P.O. Box)

		%	
Date of Birth (mm/dd/yyyy)	Social Security/Government Issued ID Number	Share Percentage	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Nonresident Alien

Name	Title

Mailing Address (Street or P.O. Box)

		%	
Date of Birth (mm/dd/yyyy)	Social Security/Government Issued ID Number	Share Percentage	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Nonresident Alien

Name	Title

Mailing Address (Street or P.O. Box)

		%	
Date of Birth (mm/dd/yyyy)	Social Security/Government Issued ID Number	Share Percentage	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Nonresident Alien

➤ The following information is required for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the legal entity listed. If no individual meets this definition, please write "not applicable".

Note: Non-profit organizations do not need to complete the Beneficial Owner(s) portion but do need to provide the information in the Control Person(s) section below.

Important: In the case of an entity or entities owning a 25% or more equity stake, please ensure you input the end natural person(s) in this section.

Continued on next page

Step 6: Add or Change Your Beneficial Owner Information *Continued*

Control Person(s) (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer):

<input type="text"/>	<input type="text"/>
Name	Title
<input type="text"/>	
Mailing Address (Street or P.O. Box)	
<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Social Security/Government Issued ID Number
<input type="checkbox"/> U.S. Citizen	
<input type="checkbox"/> U.S. Resident Alien	
<input type="checkbox"/> Nonresident Alien	

➤ The following information is required for a minimum of one individual with significant responsibility for managing the legal entity for which the account is being established.

Note: If appropriate, an individual listed as a Beneficial Owner may also be listed as a Control Person.

<input type="text"/>	<input type="text"/>
Name	Title
<input type="text"/>	
Mailing Address (Street or P.O. Box)	
<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Social Security/Government Issued ID Number
<input type="checkbox"/> U.S. Citizen	
<input type="checkbox"/> U.S. Resident Alien	
<input type="checkbox"/> Nonresident Alien	

I have included the necessary information for **additional Beneficial Owners** on a separate sheet, in the same format.

Step 7: Add a Security Question *Optional*

Create your own question or complete one or more of the provided questions:

A.	<input type="text"/>	
	Create your own question	
		<input type="text"/>
		Answer
B.	What is your mother's maiden name?	<input type="text"/>
		Answer
C.	What is your father's middle name?	<input type="text"/>
		Answer
D.	In what city were you born?	<input type="text"/>
		Answer

➤ Once established, you will be asked to answer one of these questions when speaking with a Shareholder Services Representative in order to obtain information about your account.

Step 8: Add or Change Your Banking Information

There will be a 10 business day hold on the use of this information for redemptions once it has been added or replaced, unless accompanied by a **Medallion Signature Guarantee** in [Step 11](#).

Electronic Transfer (for purchases, redemptions, distributions and Automatic Investment Plans):

John Shareholder Mary Shareholder 123 Main St. Anywhere, USA 12345	8506	
VOID		
Pay to the order of _____ \$ _____	DOLLARS	
MEMO _____ SIGNED _____		
c123456789c	a1234567898735264351a	8506

➤ Complete this Step if you wish to add or change the electronic transfer instructions to your account.

➤ For checking accounts, please tape a voided check to the space provided. For savings accounts, please include a pre-printed deposit slip. Otherwise, there could be a delay in setting up these instructions.

➤ If the name(s) on the bank account do not match at least one name on your Harbor account, a Medallion Signature Guarantee is required from the bank account owner(s).

ABA Routing Number

Your Bank Account Number

Check Number

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ABA Routing Number (9 digits)

Bank Account Number

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Bank Name

	Account Type (Check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Name(s) on Bank Account

Please note: Your banking institution must be a member of the Automated Clearing House (ACH) network and may have very specific instructions. Confirm with your banking institution before completing this application.

Wire (for redemptions only):

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ABA Routing Number (9 digits)

Bank Account Number

➤ Complete this Step if you wish to add or change the wire instructions to your account.

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Bank Name

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Name(s) on Bank Account

For further credit to (if applicable):

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Bank Account Number

Name(s) on Bank Account

Please note: Your banking institution must be a member of the Federal Reserve System and may have very specific wire instructions. Confirm with your banking institution before completing this application.

Step 9: Consent for Electronic Delivery *Optional*

With e-delivery, you can help reduce the cost of printing and mailing by agreeing to waive the physical delivery of certain documents and electing to view these online. If you would like to sign up for this service, please select the documents below that you would prefer to only receive electronically. Please note that after your account is established, you will need to establish online access to your account. You may change this election at any time.

Statements

If you would also like to receive a paper copy of your Year-End statement by mail, check here

Confirmations

Tax Documents

Fund Reports and Prospectuses

Note: Confidential account information will never be sent via e-mail.

➤ *If consenting for e-delivery, you must provide your e-mail address in **Step 2**. Once your account is established, we will send an e-mail that provides a link to register for online access. You must create a user ID and password to log into your account online.*

Step 10: Add or Change Your Trusted Contact *Optional*

Trusted Contact Information:

A Trusted Contact person(s) is a resource Harbor Funds may contact on your behalf, if necessary, to discuss information about you and your account. Harbor Funds suggests that the Trusted Contact be someone not already authorized to transact business on the account. In addition, Harbor Funds suggests that you advise the Trusted Contact person(s) that you provided the below information to Harbor Funds and asks that you keep this information updated.

By providing the information in this section, I authorize Harbor Funds to contact the person listed below and to discuss information about me in the following circumstances: to prevent the presumption of abandonment, to address possible financial exploitation, to confirm specifics of my current contact information, health status, or as otherwise permitted by federal or state law.

➤ *The Trusted Contact will not be authorized to transact on this account.*

First Name

M.I.

Last Name

E-mail Address

Primary Phone

Extension

Mailing Address (Street or P.O. Box)

City

State

Zip Code

I have included the necessary information for **additional trusted contacts** on a separate sheet, in the same format.

Step 11: Signature

Sign Below:

Signature to this form by the registered shareholder(s) constitutes complete authority to allow Harbor Funds, its affiliates and agents to act on any instructions believed to be genuine for any service authorized on this form. The shareholder(s) agree(s) to indemnify Harbor Funds, its affiliates and agents from and against, any and all losses, damages, costs, charges, counsel fees, payments, expenses and liabilities arising out of, or attributable to honoring these instructions.

Owner(s)/Authorized Person(s) Sign Below:



Signature of Owner

Date (mm/dd/yyyy)



Signature of Joint Owner - *If any*

Date (mm/dd/yyyy)

Medallion Signature Guarantee Stamp - If applicable

Mail completed form to:

Standard Mail

Harbor Funds
P.O. Box 804660
Chicago, IL 60680-4108

Overnight Delivery

Harbor Funds
111 South Wacker Drive, 34th Floor
Chicago, IL 60606-4302