Harbor Funds

IRA Adoption Agreement

Questions?

Call 800.422.1050

*To obtain additional forms or to complete this form online visit us at **www.harborfunds.com**.*

Use for establishing a Traditional IRA, Roth IRA or Simplified Employee Pension (SEP) IRA. Do not use for other types of qualified retirement plans.

Important information about opening a new account: Harbor Funds is required by federal law to obtain from each person who opens an account certain information—including name, street address, and social security number/tax ID, among other information—that will be used to verify your identity. We may need to request additional identifying information. If you do not provide us with this information, we will not be able to open the account. If we are unable to verify your identity after establishment of an account, Harbor Funds reserves the right to close your account or take other appropriate steps.

Reset

Step 1 Select Your Type of IRA *Choose only one*

☐ **Traditional IRA** ☐ **Roth IRA** ☐ **SEP IRA** *(Simplified Employee Pension)*

*Refer to **page 9** for required documentation.* >

Type of Contribution (choose only one):

☐ **Contribution for tax year** ________	*If a year is not indicated, we will assume the contribution is for the tax year in which it was received.*
☐ **Indirect Rollover**	An individual receives an eligible rollover distribution and within 60 days deposits the amount to an IRA.
☐ **Direct Rollover from QRP** *(Qualified Retirement Plan)*	A qualified retirement plan or 403(b) plan distribution that is remitted directly to the trustee, custodian or issuer of the receiving IRA and is reported to the IRS as a rollover.
☐ **Transfer**	A tax-free, non-reportable movement of assets between Traditional IRAs or Roth IRAs from one trustee, custodian or issuer to another trustee, custodian or issuer. The IRA holder does not have actual receipt of the funds.
☐ **Recharacterization**	A reportable transfer of a contribution or conversion, in whole or in part, plus earnings from a Traditional IRA to a Roth IRA or vice versa.
☐ **Conversion**	A taxable movement of cash or other assets from a Traditional IRA to a Roth IRA. A conversion is a reportable transaction.

Step 2 Account Owner Information

If Account Owner is a minor, a custodian must be designated in the section below in order to establish this account.

Account Owner:

First Name | M.I. | Last Name

Social Security Number | Date of Birth (mm/dd/yyyy)

Applications will only be accepted if they contain a U.S. or U.S. Territory address.

P.O. Box is NOT acceptable; address can be a military APO or FPO.

Street Address

City | State | Zip Code

Daytime Telephone Number | Evening Telephone Number

E-mail Address

☐ **Mailing Address (if different from street address):**

Street Address or P.O. Box Number

City | State | Zip Code

If Account Owner is a minor, a custodian must be designated in this section in order to establish this account.

Custodian (complete if this IRA is for a minor):

First Name | M.I. | Last Name

Social Security Number | Date of Birth (mm/dd/yyyy)

Applications will only be accepted if they contain a U.S. or U.S. Territory address.

P.O. Box is NOT acceptable; address can be a military APO or FPO.

Street Address

City | State | Zip Code

Daytime Telephone Number | Evening Telephone Number

E-mail Address

Step 2 Account Owner Information

Continued

Custodian (continued):

☐ **Mailing Address (if different from street address):**

Street Address or P.O. Box Number

City | State | Zip Code

Step 3 Beneficiary Information

Primary Beneficiary(ies) (choose only one):

☐ I **do not** want to designate primary beneficiaries at this time - *If this box is checked, your beneficiary will be your estate.*

☐ **To my descendants who survive me, per stripes** - *Your assets will be divided equally among your children; if a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any).*

☐ **Equally to my grandchildren who survive me**

☐ **Specific beneficiary designation below:**

Share percentage for multiple beneficiaries will be considered equal unless otherwise indicated. >

A.

Name

% Share Percentage | Social Security Number/Tax ID Number | Date of Birth (mm/dd/yyyy)

Street Address

City | State | Zip Code

B.

Name

% Share Percentage | Social Security Number/Tax ID Number | Date of Birth (mm/dd/yyyy)

Street Address

City | State | Zip Code

☐ I have included the necessary information for **additional Primary Beneficiaries** on a separate sheet, in the same format.

Beneficiary Information

Contingent Beneficiary(ies) (choose only one):

Contingent beneficiaries will receive the balance of an IRA only if there are no surviving primary beneficiaries at the time of death.

☐ I **do not** want to designate contingent beneficiaries at this time - *If this box is checked, and all of your primary beneficiaries predecease you or a trust you named as beneficiary no longer exists, your beneficiary will be your estate.*

☐ **To my descendants who survive me, per stirpes** - *Your assets will be divided equally among your children; if a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any).*

☐ **Equally to my grandchildren who survive me**

☐ **Specific beneficiary designation below:**

Share percentage for multiple beneficiaries will be considered equal unless otherwise indicated. >

A.

Name

% Share Percentage | Social Security Number/Tax ID Number | Date of Birth (mm/dd/yyyy)

Street Address

City | State | Zip Code

B.

Name

% Share Percentage | Social Security Number/Tax ID Number | Date of Birth (mm/dd/yyyy)

Street Address

City | State | Zip Code

☐ I have included the necessary information for **additional Contingent Beneficiaries** on a separate sheet, in the same format.

Step 4 Create a Security Question

*To provide you with an additional level of security, you are **required** to establish a security question and answer on your account.*

Once established, you must answer this question before a Shareholder Servicing Agent will discuss any information regarding your account.

This is separate from your automated telephone and internet transactions password.

Choose either A, B, C or D:

A. What is your mother's maiden name?

Answer

B. What is your father's middle name?

Answer

C. In what city were you born?

Answer

D.

Create your own question

Answer

Step 5 Select Your Investments

*For Fund numbers, Fund names, and minimum initial investment amounts, please see the **Fund Details** list provided.*

Provide additional investments on a separate sheet, if needed.

Fund Name:	Number:	Amount:
		$
		$
		$
	TOTAL	$ 0.00

Step 6 Select Your Method of Initial Investment

There is up to a 10 business day hold on purchases made by check and up to a 3 business day hold on purchases made by electronic transfer before proceeds from a redemption may be sent out.

Select One:

☐ **Check** - *Make payable to Harbor Funds and enclose with this application.*

☐ **Electronic Transfer** - *By selecting this option you are authorizing Harbor Funds to make a one time electronic withdrawal for the amount indicated in **Step 5**, using the banking information in **Step 7.***

Step 7 Provide Your Banking Information *If applicable*

Complete this Step if you wish to add wire instructions to your account. >

Wire (for redemptions only):

ABA Routing Number (9 digits)

Bank Account Number

Bank Name

Name(s) on Bank Account

For further credit to (If applicable):

Bank Account Number

Name(s) on Bank Account

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

Complete this Step if you wish to add electronic transfer instructions to your account. >

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

ABA Routing Number (9 digits)

Bank Account Number

Bank Name

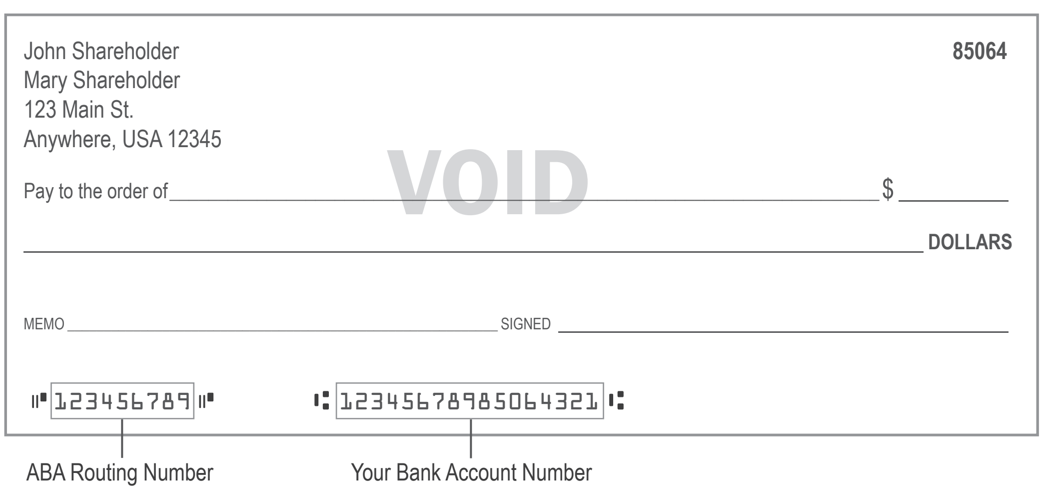
Name(s) on Bank Account

Account Type (Check one):

☐ **Checking** ☐ **Savings**

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.*

If you selected Account Type ***Checking*** *for electronic transfer, a voided check must be* ***taped*** *to the space provided. Otherwise, there could be a delay in setting up these instructions.* >



Step 8 Create an Automatic Investment Plan *Optional*

All automatic investment purchases will be considered current year contributions for the calendar year in which they are transacted.

*Completion of the Electronic Transfer section of **Step 7** is required.* >

I would like to make the following regular purchase(s) of Fund shares:

A.

Fund Name | Number | $ Amount Per Investment

Frequency:

- ☐ **Weekly**
- ☐ **Monthly**
- ☐ **Quarterly**
- ☐ **Annually**

On the ____ day of the month beginning ____
Date (mm/yyyy)

Automatic investments will begin as close to the date requested as possible. >

B.

Fund Name | Number | $ Amount Per Investment

Frequency:

- ☐ **Weekly**
- ☐ **Monthly**
- ☐ **Quarterly**
- ☐ **Annually**

On the ____ day of the month beginning ____
Date (mm/yyyy)

Step 9 Second Party Mailing *Optional*

Transactions by the second party will not be permitted on this account. >

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.

Signature & Certification

By signing this application I certify that:

- ✓ I hereby adopt the Harbor Funds Individual Retirement Accounts Disclosure Statement & Custodial Agreement ("IRA Agreement") that is incorporated herein by reference and that I have received and read the IRA Agreement. I further acknowledge that I have received, read and agree to the terms of the current Prospectus of the Fund(s) in which I am investing, and believe each investment is suitable for me. I have the authority and legal capacity to make this purchase and I am of legal age in my state of residence.
- ✓ I hereby appoint State Street Bank and Trust Company as Custodian in accordance with the terms and conditions of the IRA Agreement and understand that this adoption agreement is subject to acceptance by Harbor Funds Distributors, Inc.
- ✓ I agree to be bound by the terms and conditions established by Harbor Funds for an IRA beneficiary designation. I acknowledge that Harbor Funds may require additional information upon my death to determine the identity or interest of my beneficiary(ies). In such event, I acknowledge that Harbor Funds shall rely upon the representations of an authorized party such as the executor or administrator of my estate, or if a trust beneficiary, the trustee of that trust (my fiduciary) and has no independent duty to obtain or verify such information. I agree that Harbor Funds shall have no liability for, and shall be fully indemnified against, any cost or damage it incurs in connection with its good faith reliance on such representations. If no such fiduciary is appointed or my fiduciary is unable to provide the required information, Harbor Funds reserves the right to request whatever documentation it deems appropriate before making distributions or transferring ownership to a beneficiary.
- ✓ I agree that telephone/internet exchange and redemption services will automatically be activated upon the establishment of my account(s). If I do not want these services, I will contact Harbor Funds in writing or by calling a Shareholder Servicing Agent at 1-800-422-1050 to terminate these services.
- ✓ I authorize Harbor Funds, its affiliates and agents to act on any instructions believed to be genuine for any service authorized on this adoption agreement, including telephone and internet services. I further agree that to the extent Harbor Funds uses reasonable procedures (including shareholder identity verification) to confirm that instructions given by telephone are genuine, neither Harbor Funds nor the Shareholder Servicing Agent, nor the distributor will be liable for acting on these instructions.
- ✓ I understand that, to minimize Fund expenses, it is Harbor Funds' policy to send only one copy of the prospectus, shareholder reports, and other documents (except account confirmations and statements) to all Fund shareholders residing at the same address. I consent to this policy and understand that I need to do nothing now. If I do not consent, I will call a Shareholder Servicing Agent at 1-800-422-1050 after my account is established.
- ✓ I authorize Harbor Funds, its affiliates and agents to obtain information to help verify my identity and to determine whether to establish my account, or after my account is opened, whether to maintain my account or restrict certain services.
- ✓ By completing **Step 7**, I hereby authorize Harbor Funds to initiate credit and debit entries to the bank account indicated and for the bank to credit or debit the same to such account through the Automated Clearing House (ACH) system, subject to the rules of the bank, ACH and Harbor Funds. Harbor Funds may correct any transaction error with a debit or credit to my bank account and/or to my Fund account. I agree that Harbor Funds shall be fully protected in honoring any such transaction. I also agree that Harbor Funds may make additional attempts to debit or credit my bank account if the initial attempt fails and I will be liable for any associated costs. This authorization is in full force and effect until I notify Harbor Funds of its revocation and Harbor Funds has had sufficient time to act.

I certify under penalty of perjury, that:

1. The Social Security number I have provided on this form is correct, **and**
2. I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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

X		
	Signature of Owner or Legal Guardian/Custodian	Date (mm/dd/yyyy)
X		
	Spouse's Signature (Required if community property state.)	Date (mm/dd/yyyy)

Note: Upon Completion of Your Application...

Processing may be delayed if any of the following are missing. >

Remember to include:

- ✓ Social Security number or Tax ID number
- ✓ Street address
- ✓ Signature in Step 10
- ✓ Date of birth
- ✓ A security question and answer
- ✓ A check for your initial investment payable to "Harbor Funds" - *If applicable*
- ✓ A voided check - *If applicable*

Required documentation for your account type:

Direct Rollover from QRP (*Qualified Retirement Plan)*

If you are funding this account with a rollover from an existing Qualified Retirement Plan (QRP), complete the **Direct Rollover from Qualified Retirement Plan to IRA** form and return it with this application. You may wish to contact the QRP administrator to see if any additional forms are required.

Transfer

If you are funding this account with a transfer from another custodian/ trustee, complete the **IRA Asset Transfer Authorization** form and return it with this application.

Recharacterization

If you are funding this account with a recharacterization of a previous IRA conversion or contribution to a Traditional IRA, complete the **Recharacterization of Contribution** form and return it with this application.

Conversion

If you are funding this account with a conversion of a Traditional IRA to a Roth IRA, complete the **IRA Conversion Authorization** form and return it with this application.

Power of Attorney

If you are establishing this account under your Power of Attorney/ Attorney in Fact, complete the Harbor Funds **Power of Attorney** and **Indemnification** form and return it with this application.

For your convenience, all forms referenced on this page can be downloaded at **www.harborfunds.com.**

Mail completed application to:

Standard Mail

Harbor Services Group, Inc.
P.O. Box 804660
Chicago, IL 60680-4108

Overnight Delivery

Harbor Services Group, Inc.
111 South Wacker Drive, 34th Floor
Chicago, IL 60606-4302

Harbor Funds

IRA Fund Details

The International, International Growth, Global Value, Global Growth, Commodity Real Return Strategy and the High-Yield Bond Funds may be subject to a redemption fee.

Please refer to the most current prospectus for the minimum initial investment requirements.

Investors should consider a Fund's investment objective, risks, fees, and expenses carefully before investing. For this and other important information, including information about all share classes, please obtain a prospectus by calling 800-422-1050 or visiting www.harborfunds.com and read it carefully before investing.

Harbor Domestic Equity Funds	Fund Number	Stock Ticker
Capital Appreciation		
Institutional Class	2012	HACAX
Investor Class	2412	HCAIX
Mid Cap Growth		
Institutional Class	2019	HAMGX
Investor Class	2419	HIMGX
Small Cap Growth - *closed to new investors*		
Institutional Class	2010	HASGX
Investor Class	2410	HISGX
Large Cap Value		
Institutional Class	2013	HAVLX
Investor Class	2413	HILVX
Mid Cap Value		
Institutional Class	2023	HAMVX
Investor Class	2423	HIMVX
Small Cap Value		
Institutional Class	2022	HASCX
Investor Class	2422	HISVX
Small Company Value		
Institutional Class	2028	HASMX
Investor Class	2428	HISMX

Harbor International & Global Funds	Fund Number	Stock Ticker
International		
Institutional Class	2011	HAINX
Investor Class	2411	HIINX
International Growth		
Institutional Class	2017	HAIGX
Investor Class	2417	HIIGX
Global Value		
Institutional Class	2027	HAGVX
Investor Class	2427	HIGVX
Global Growth		
Institutional Class	2030	HGGAX
Investor Class	2430	HGGIX

Harbor Strategic Markets Funds	Fund Number	Stock Ticker
Commodity Real Return Strategy		
Institutional Class	2029	HACMX
Unconstrained Bond		
Institutional Class	2032	HAUBX

Harbor Fixed Income Funds	Fund Number	Stock Ticker
High-Yield Bond		
Institutional Class	2024	HYFAX
Investor Class	2424	HYFIX
Bond		
Institutional Class	2014	HABDX
Real Return		
Institutional Class	2025	HARRX
Short Duration		
Institutional Class	2016	HASDX
Money Market		
Institutional Class	2015	HARXX

Harbor's Privacy Statement

The following privacy statement is issued by Harbor Funds and each series of Harbor Funds and its affiliates, Harbor Capital Advisors, Inc., Harbor Services Group, Inc. and Harbor Funds Distributors, Inc. These measures reflect our commitment to maintaining the privacy of your confidential information. We appreciate the confidence you have shown by entrusting us with your assets.

Personal Information

It is our policy to respect the privacy of current and former shareholders and to protect personal information entrusted to us. We do not sell your personal information to anyone.

In the course of providing products and services, we collect non-public personal information about you from the following sources: applications, forms, our website (including any information captured through our use of "cookies") and transactions with us, our affiliates or other parties.

The non-public personal information collected may include name, address, e-mail address, telephone/fax numbers, account number, social security or taxpayer identification number, investment activity, and bank account information.

When you visit our website, we may collect technical and navigational information, such as computer browser type, Internet protocol address, pages visited and average time spent on our website. We may use this information to alert you to software compatibility issues, or to improve our web design and functionality. We use "cookies" and similar files that may be placed on your hard drive for security purposes, to facilitate site navigation and to personalize the appearance of our site.

Information Sharing

We occasionally disclose non-public personal information about our current or former shareholders with affiliated and non-affiliated parties, as permitted or required by law or regulation. In the normal course of servicing our shareholders, information we collect may be shared with non-affiliated companies that perform support services on our behalf or to other firms that assist us in providing you with products and services, such as custodians, transfer agents, broker-dealers and marketing service firms, as well as with other financial institutions. These companies may not use the information for any other purpose. We may also share information with affiliates that are engaged in a variety of financial services in order to better service your account(s).

When information is shared with third parties, they are not permitted to use the information for any purpose other than to assist our servicing of your account(s) or as permitted by law.

If you close your account(s) or if we lose contact with you, we will continue to share information in accordance with our current privacy policy and practices.

Access to Information

Access to non-public personal information is limited to employees, agents or other parties who need to know that information to perform their jobs, such as servicing your account(s), resolving problems or informing you of new products or services.

Security

We maintain physical, electronic and procedural safeguards to protect your non-public personal information.

For customers accessing information through our website, various forms of Internet security, such as data encryption firewall barriers, user names and passwords, and other tools are used. For additional information regarding our security measures, visit the terms and conditions of use on our website at www.harborfunds.com.