



Harbor Money Market Checkwriting

Questions?

Call 800-422-1050

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

Use this form to add the optional checkwriting service to Harbor Money Market Fund account. Please print in CAPITAL LETTERS and in black ink.

Step 1 Account Owner Information

Please check the appropriate box(es) for the reason you are completing this form:

- No signature(s) on file
- Updating signature(s) on file
- Ordering new checks

You may write checks for **\$250 or more** from your Harbor Money Market account. >

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

First Name

M.I.

Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Account Number

Daytime Telephone Number

Evening Telephone Number

Street Address or P.O. Box Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

City

State

Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Joint Owner's First Name - *If any*

M.I.

Joint Owner's Last Name

Step 2 Required Number of Signatures

Specify Number:

Required number of signatures on checks:

Step 3 Signature & Certification

For Organizations: >
A new **Indemnification and Corporate/Organization Resolution** form should accompany this request if the names presented for authorization are different from those on file.

The following are authorized to write checks on this account:

Subject to the terms of the prospectus, I authorize Harbor Funds' custodian bank, State Street Bank and Trust Company (the "Bank"), to honor checks drawn by me on my Harbor Money Market Fund account and to effect a redemption of sufficient shares in the account to cover payment of such checks.

Signature - Owner/Custodian/Trustee/Executor/Authorized Signer Date (mm/dd/yyyy)

Signature - Joint Owner/Co-Trustee/Co-Executor/Authorized Signer Date (mm/dd/yyyy)

Checkwriting Provisions:

I understand that:

This privilege may be amended or terminated at any time by the Fund or the Bank, and neither shall incur any liability to me for such amendment or termination, or for honoring such checks, or for effecting redemptions to pay such checks, or for returning checks that have not been accepted;

I will be subject to the Bank's rules, regulations and associated laws governing check collection.

Checks drawn on a joint account will require the signature of one registered Owner unless indicated otherwise; and

No checks shall be issued or honored, or redemption effected, for any amounts represented by shares unless payment for such shares has been made in full and any checks given in such payment have been collected through normal banking channels.

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