



Harbor Account Services

Questions?

Call 800-422-1050

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

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.

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

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 Signature Guarantee** in Step 10.

Provide correct address below:

Mailing Address (Street or P.O. Box)

City

State

Zip Code

E-mail Address

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

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

City

State

Zip Code

Step 3 Change Your Distribution Options

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.

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 7**.
- 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 7**.
- Send by Check

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.

The second party will not be authorized to transact 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.
- The individual(s) listed are authorized to receive information about account history and balances by telephone.

Step 5 Change Your 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.

Provide correct name below:

Signature of Former Name Print Former Name

Signature of Current Name Print Current Name

Step 6

Add or Change Your Beneficial Owner Information

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.

Beneficial Owner(s):

<input type="text"/>	<input type="text"/>
Name	Title

<input type="text"/>
Mailing Address (Street or P.O. Box)

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

<input type="text"/>	<input type="text"/>
Name	Title

<input type="text"/>
Mailing Address (Street or P.O. Box)

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

<input type="text"/>	<input type="text"/>
Name	Title

<input type="text"/>
Mailing Address (Street or P.O. Box)

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

<input type="text"/>	<input type="text"/>
Name	Title

<input type="text"/>
Mailing Address (Street or P.O. Box)

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

Step 6

Continued

Add or Change Your Beneficial Owner Information

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.

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

Name Title

Mailing Address (Street or P.O. Box)

U.S. Citizen
Date of Birth (mm/dd/yyyy) Social Security/Government Issued ID Number **U.S. Resident Alien**
 Nonresident Alien

Name Title

Mailing Address (Street or P.O. Box)

U.S. Citizen
Date of Birth (mm/dd/yyyy) Social Security/Government Issued ID Number **U.S. Resident Alien**
 Nonresident Alien

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

Step 7

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 10**.

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

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

John Shareholder 8506
 Mary Shareholder
 123 Main St.
 Anywhere, USA 12345

VOID

Pay to the order of _____ \$ _____
 _____ DOLLARS

MEMO _____ SIGNED _____

123456789

12345678985064321

8506

ABA Routing Number

Your Bank Account Number

Check Number

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.

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 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).

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 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.

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

Step 8 Add a Security Question *Optional*

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.

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

A.

Create your own question

Answer

B. What is your mother's maiden name?

Answer

C. What is your father's middle name?

Answer

D. In what city were you born?

Answer

Step 9 Consent for Electronic Delivery *Optional*

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.

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.

Step 10

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