

Payroll Deduction

Use this form to set up a payroll deduction plan and invest after-tax dollars directly from your paycheck into your Harbor Funds account. For multiple accounts, a separate Harbor Payroll Deduction form must be completed for each 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 Owner Information

Name(s)

Account Number

Social Security Number

Daytime Telephone Number

Evening Telephone Number

Step 2: Payroll Deduction Instructions

Check one:

| | |
|--|---|
| <input type="checkbox"/> Add payroll deduction | Deduct the amount requested in Step 3 and invest according to the allocation provided in Step 3 . |
| <input type="checkbox"/> Update my existing payroll deduction | I would like to change the investment amount and/or investment allocation. If changing the amount deducted from my paycheck, I confirm that I have notified my employer of the change. - Proceed to Step 3 |
| <input type="checkbox"/> Stop payroll deduction | I have contacted my employer to stop deductions from my paycheck. - Proceed to Step 6 |

➤ Closing a Harbor Funds account will not stop your payroll deduction, nor will a payroll deduction plan follow any account transfers. You must contact your employer to stop an existing payroll deduction.

Step 3: Payroll Deduction & Investment Allocation

Payroll Deduction Amount:

Deduct \$ (whole dollar amount only) from my paycheck and send the amount to Harbor Funds.

Paycheck Information:

Deduct the above amount from the following paychecks (i.e. first paycheck of the month, all paychecks, etc.):

Step 3 continued on page 2

Step 3: Payroll Deduction & Investment Allocation *Continued*

Investment Allocation:

The amount indicated at the beginning of **Step 3** should be invested as follows:

| Fund Name: | Fund Number: | Amount: | | |
|----------------------|----------------------|-------------------------|----|------------------------|
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | or | <input type="text"/> % |
| TOTAL | | \$ <input type="text"/> | or | <input type="text"/> % |

➤ All deductions from the paychecks indicated above must follow the same investment allocation. You cannot elect different investment allocations for various pay cycles.

For an IRA, all contributions will be considered current year.

Provide additional investments on a separate sheet, if needed.

Step 4: Employer Information *To be completed by employer*

| | | |
|---|-----------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | |
| Employer | Contact Name | |
| <input type="text"/> | | |
| Mailing Address (Street or P.O. Box) | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | |
| Employer Contact Daytime Telephone Number | Employer Authorization Date | |

➤ Please have your payroll department complete **Steps 4 and 5** to ensure the payroll deduction method can be established.

Step 5: Instructions for Employer *To be completed by employer*

Payroll department, please transfer funds using the following information:

State Street Bank & Trust Co.

225 Franklin Street
Boston, MA 02110

ABA Routing Number: 011000028

Must be coded checking account.

3018-0657- _____

17 Digit Account Number - Last nine digits are the Account Owner's Harbor Funds account number. If the shareholder's account number is less than 9 digits, please use leading zeros.

➤ Please defer your initial payroll deduction submission until confirmation has been received from Harbor Funds.

Step 6: Account Owner's Signature *Required*

I understand that my employer must initiate payroll deduction. I realize I can change the amount deducted from my paycheck or cancel this service at any time by notifying my employer. I authorize the specified investment amount above. I understand that it is my responsibility to monitor my IRA contributions for applicable IRS limits.

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



Signature

Date (mm/dd/yyyy)



Signature

Date (mm/dd/yyyy)

Mail completed application 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