

# Corporate/Organization Resolution

Use this form to add authorized signers to your Institutional 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](http://harborcapital.com).

## Step 1: Account Information

<input type="text"/>	<input type="text"/>
Account Name	Account Number
<input type="text"/>	<input type="text"/>
Account Name	Account Number
<input type="text"/>	<input type="text"/>
Account Name	Account Number

➤ All accounts must be identically registered.

## Step 2: Numbers of Signatures Required to Transact

Specify number:

The signatures of  authorized signers is required to redeem, exchange or transfer shares of Harbor Funds from the account.

➤ Harbor Funds may rely on the authority of the named individuals until it receives written notification to the contrary. If left blank, Harbor Funds will assume only one signature is required.

## Step 3: Certification of Authorized Personnel

Authorized persons sign below:

As an authorized officer of:

Name of Corporation/Organization

I hereby certify that the following are duly authorized to act on behalf of our Corporation/Organization in connection with any Harbor Funds shares owned by our Corporation/Organization. The below-named individuals are authorized to invest the assets of the Corporation/Organization; to give instructions for the purchase, sale, exchange, or transfer of shares; and to execute any necessary forms in connection with said shares.

A.     
First Name M.I. Last Name

Title

B.

Signature Title

C.     
First Name M.I. Last Name

Signature Title

D.     
First Name M.I. Last Name

Signature Title

E.

Signature Title

I agree to indemnify and hold Harbor Funds and its agents harmless from acting upon instructions believed by Harbor Funds to have originated from the individuals named above. These instructions are to remain in full force and effect until revoked in writing and delivered to Harbor Funds.

I am authorized and directed to certify the above.

## Step 4: Signature of Authorized Officer *e.g., Secretary, Vice President, etc.*

**Sign below:**

I set my signature and the seal of our Corporation/Organization this  day of   
 Day Month/Year (mm/yyyy)

Signature of Authorized Officer Date (mm/dd/yyyy)

Title

If the individual certifying the resolution is listed as one of the individuals authorized to act upon the Harbor Funds account, a second individual must sign below.

Signature of Authorized Individual Date (mm/dd/yyyy)

Title

## Step 5: 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

- U.S. Citizen**  
 **U.S. Resident Alien**  
 **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

- U.S. Citizen**  
 **U.S. Resident Alien**  
 **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

- U.S. Citizen**  
 **U.S. Resident Alien**  
 **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 de inition, 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 5: Add or Change Your Beneficial Owner Information *Continued*

## Beneficial Owner(s):

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Name

Title

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Mailing Address (Street or P.O. Box)

		%	<input type="checkbox"/> <b>U.S. Citizen</b> <input type="checkbox"/> <b>U.S. Resident Alien</b> <input type="checkbox"/> <b>Nonresident Alien</b>
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Date of Birth (mm/dd/yyyy)

Social Security/Government Issued ID Number

Share Percentage

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

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Name

Title

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Mailing Address (Street or P.O. Box)

		%	<input type="checkbox"/> <b>U.S. Citizen</b> <input type="checkbox"/> <b>U.S. Resident Alien</b> <input type="checkbox"/> <b>Nonresident Alien</b>
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Date of Birth (mm/dd/yyyy)

Social Security/Government Issued ID Number

--	--

Name

Title

--

Mailing Address (Street or P.O. Box)

		%	<input type="checkbox"/> <b>U.S. Citizen</b> <input type="checkbox"/> <b>U.S. Resident Alien</b> <input type="checkbox"/> <b>Nonresident Alien</b>
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Date of Birth (mm/dd/yyyy)

Social Security/Government Issued ID Number

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

➤ 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.*

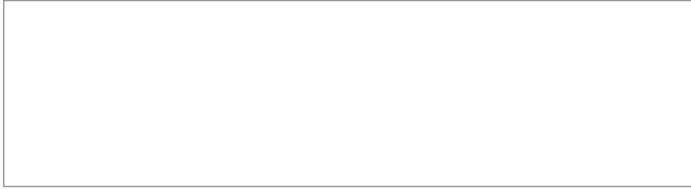
## Step 6: Corporate/Organization Seal or Signature Guarantee

Place Seal or Stamp below:

➤ *A Corporate/Organization Seal or a Medallion Signature Guarantee Stamp is required.*



Corporate/Organization Seal



Medallion Signature Guarantee Stamp

Mail completed application to:

### Standard Mail

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

### Overnight Delivery

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