



**JENSEN  
INVESTMENT  
MANAGEMENT®**

*the* Jensen Portfolio

# I - Shares Purchase Application

Do not use this Application for The Jensen Portfolio sponsored IRA or SEP IRA accounts. For additional information please call The Jensen Portfolio at 800.992.4144.

In compliance with the USA Patriot Act, all mutual funds are required to obtain the following information for all registered owners and others who may be authorized to act on an account: **full name, date of birth, social security number and permanent street address.** Corporate, trust and other entity accounts require additional documentation. We must return your application if any of this information is missing. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

## 1. Register the Account

Corporate/Other (PLEASE INCLUDE A CORPORATE RESOLUTION)

NAME OF CORPORATION, PARTNERSHIP OR OTHER ENTITY	
TAXPAYER IDENTIFICATION NO.	NOMINEE NAME

### TYPE OF ORGANIZATION (CHECK ONE)

- CORPORATION  
 UNINCORPORATED ASSOCIATION  
 PARTNERSHIP  
 S CORPORATIONS  
 OTHER \_\_\_\_\_

### TYPE OF PLAN OR ACCOUNT

- 401(K)  INVESTMENT ACCOUNT  
 PROFIT SHARING  ENDOWMENT/FOUNDATION  
 MONEY PURCHASE PENSION  
 DEFINED BENEFIT APPROXIMATE NUMBER OF PARTICIPANTS  
 OTHER \_\_\_\_\_ IF A RETIREMENT PLAN \_\_\_\_\_

## Account Type

Individual Account

FIRST NAME	MIDDLE I.	LAST NAME
SOCIAL SECURITY NO.		BIRTHDATE (MO/DY/YR)

Joint Account

JOINT OWNER'S FIRST NAME	MIDDLE I.	LAST NAME
SOCIAL SECURITY NO.		BIRTHDATE (MO/DY/YR)

Trust Account

NAME OF TRUST		DATE OF TRUST
TRUSTEE'S FIRST NAME	MIDDLE I.	LAST NAME
TRUSTEE'S FIRST NAME	MIDDLE I.	LAST NAME
TRUST TAXPAYER IDENTIFICATION NO.		DATE OF AGREEMENT (MO/DY/YR)

PLEASE ENCLOSE AND LIST ALL TRUST DOCUMENTS ALONG WITH THE POWERS AND LIMITATIONS SECTION OF THE TRUST DOCUMENTS.

## 2. Permanent Street Address

RESIDENT ADDRESS OR PERMANENT PLACE OF BUSINESS (P.O. BOX IS NOT ACCEPTABLE)

STREET ADDRESS		APT/SUITE NO.
CITY	STATE	ZIP CODE
DAYTIME PHONE NO.	EVENING PHONE NO.	
E-MAIL ADDRESS		

CITIZENSHIP  US CITIZEN  RESIDENT ALIEN

## Mailing Address

IF COMPLETED THE ADDRESS WILL BE USED AS THE ADDRESS OF RECORD FOR ALL STATEMENTS, CHECKS AND REQUIRED MAILINGS (FOREIGN ADDRESS NOT ACCEPTABLE).

STREET ADDRESS		APT/SUITE NO.
CITY	STATE	ZIP CODE

### BEFORE YOU MAIL, HAVE YOU:

- Completed all USA Patriot Act required information? Social Security or Tax ID Number in Step 1? Birthdate in Step 1? Permanent Street Address in Step 2?  
 Enclosed your check made payable to The Jensen Portfolio?  
 Included a voided check, if applicable?  
 Signed your application in Step 8?

MAIL TO:  
The Jensen Portfolio  
c/o US Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI  
53201-9571

OVERNIGHT EXPRESS MAIL TO:  
The Jensen Portfolio  
c/o US Bancorp Fund Services, LLC  
615 E. Michigan St., FL 3  
Milwaukee, WI  
53202-5207

For help in completing this form or for Fund information, prices and literature, please call 1.800.992.4144.

You may download this form and other Jensen Portfolio literature at [www.jenseninvestment.com](http://www.jenseninvestment.com)

U.S. Bancorp Fund Services, LLC



**JENSEN  
INVESTMENT  
MANAGEMENT®**

### Interested Party Confirmation Statements

If you would like to send copies of transaction confirmation statements and quarterly statements to another party, please provide mailing instructions below:

FIRST NAME	MIDDLE I.	LAST NAME
COMPANY (IF APPLICABLE)		
STREET ADDRESS		APT/SUITE NO.
CITY	STATE	ZIP CODE

### 3. Investment Method

By check made payable to THE JENSEN PORTFOLIO  
Amount \$ \_\_\_\_\_ (\$1,000,000 minimum)

By wire: Call 800.992.4144

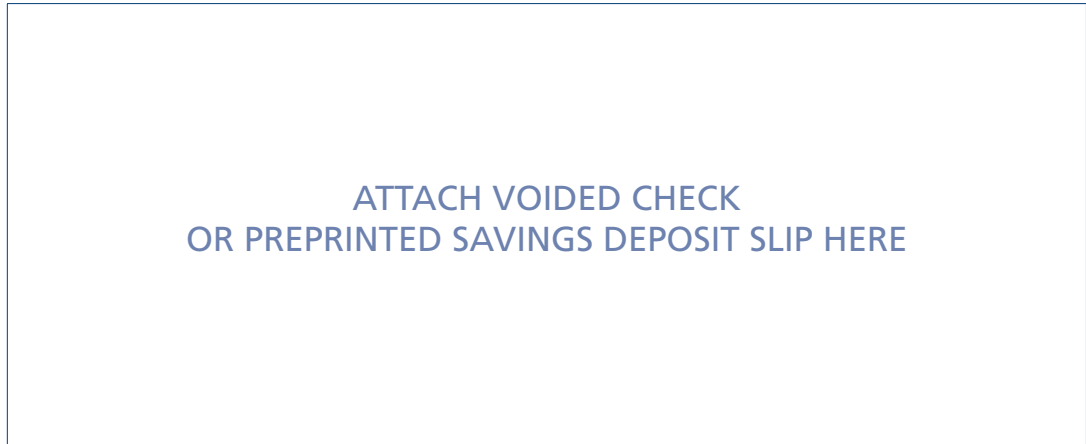
### 4. Bank Information

Your bank account information must be on file in order to settle by wire or electronic funds transfer any purchase or redemption transaction made by telephone. The account name(s) below must exactly match at least one name in Step 1. Any co-signer of your checking or savings account who is not a joint owner of the funds must authorize these services by signing below.

Checking Account                       Savings Account

Please attach a voided check or preprinted savings deposit slip (not a counter deposit slip, starter check or money market check) to this application. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

SIGNATURE OF BANK ACCOUNT OWNER	DATE
---------------------------------	------



### 5. Telephone Transaction Privileges

You automatically have the ability to make telephone purchases and redemptions unless you specifically decline them below. See the Prospectus for minimum and maximum amounts. (Note: Step 4 must also be completed.) If you wish to decline this option, indicate below.

I decline telephone transaction privileges.

All telephone transactions are recorded, and written confirmations indicating the details of all telephone transactions will be promptly sent to the shareholder of record. Prior to placing an order, the shareholder may be required to provide certain identifying information. See the Prospectus for further information.

Your signed application must be received at least 15 business days prior to your initial telephone transaction.

### 6. Distributions Options

All income and capital gains distributions will be reinvested unless you check the box(es) below:

Pay all income in cash                       Pay all capital gains in cash



**JENSEN  
INVESTMENT  
MANAGEMENT®**

### 7. Persons Authorized to Conduct Transactions – Corporations or Trusts

List names and titles of all individuals authorized by governing documents to direct transactions with respect to shares registered as instructed by this application.

NAME	TITLE
SIGNATURE	DATE
NAME	TITLE
SIGNATURE	DATE

(Note: A corporation or a trust with a bank or trust company as trustee must attach a copy of the corporate resolution designating those individuals who are authorized to direct transactions on this account. If a bank or trust company is serving as agent or custodian, attach a copy of the custodial agreement as well. The signatures of at least \_\_\_\_\_\* of the authorized signers are required by the applicable governing documents to convert or redeem shares of The Jensen Portfolio (the "Fund") and to execute and deliver any instruments necessary to effect such authority. The Fund may rely on the authority of the named individuals until it receives written notification to the contrary.)

\*Please specify number of signatures.

### 8. Signatures – Read, Sign and Date

I have received and understand the Prospectus for The Jensen Portfolio (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the Prospectus. I acknowledge and consent to the house-holding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and their transfer agent shall not be liable if I fail to notify the Fund within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

The Fund, its transfer agent and any officers, directors, employees or agents of these entities (collectively "The Jensen Portfolio"), will not be responsible for banking system delays beyond their control. I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, National Association, on behalf of the Fund. The Jensen Portfolio will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When telephone purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed personally by me. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

Under penalties of perjury, I certify:

(1) The Social Security or Taxpayer Identification Number shown on this form is correct and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and (3) 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.

Check this box *only* if the IRS has notified you that you are subject to backup withholding.

- For a corporate account, a vice president or higher must sign and state his/her title. • For a bank or trust company, a vice president or higher must sign and state his/her title. • For general partnership, one partner must sign with the words "general partner" following his or her signature; for a limited partnership, the managing or general partner must sign.
- For an unincorporated association, two officers must sign and state their titles.

### Corporations, Partnerships, Trust, etc.

SIGNATURE OF OWNER, TRUSTEE OR CORPORATE OFFICER	TITLE	DATE
SIGNATURE OF CO-TRUSTEE OR ADDITIONAL CORPORATE OFFICER	TITLE	DATE

### Individual, Joint

SIGNATURE OF OWNER	DATE
SIGNATURE OF JOINT OWNER (IF ANY)	DATE