



**JENSEN
INVESTMENT
MANAGEMENT®**

The Jensen Funds I-Shares IRA Application

Complete this form to establish a Traditional, Rollover, Roth, SEP or Simple IRA. For additional information please call The Jensen Funds 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. 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. Investor Information

FIRST NAME		MIDDLE I.	LAST NAME	
SOCIAL SECURITY NO.		BIRTHDATE (MM/DD/YYYY)		

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			

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	

CITIZENSHIP US CITIZEN RESIDENT ALIEN

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. Type of IRA

If no tax year is indicated, we will assume it is for the current tax year. Refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

- Traditional IRA Account
 - For tax year 20_____
 - IRA to IRA Transfer (please complete IRA Transfer Form)
 - Rollover (shareholder had receipt of funds)
- IRA Rollover Account
 - Direct rollover from qualified plan-complete any additional form(s) required by your Plan Administrator
 - Rollover IRA to Rollover IRA
 - Corporate Pension PSP 401(k) 403(b) Other_____
- Roth IRA Account
 - For tax year 20_____ Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
 - Conversion Roth IRA-Year of Conversion 20_____ (year in which Traditional IRA was converted to a Roth IRA)
 - Rollover from Roth IRA (shareholder had receipt of funds)
- SEP (Simplified Employee Pension Plan)

Each employee must complete an IRA Application and the employer must complete IRS Form 5305-SEP.

 - Contribution (no prior year contributions allowed) Transfer from another SEP IRA Account
 - Rollover (shareholder had receipt of funds)
- Simple IRA

Must be accompanied by IRS forms 5305-SA and 5304-SIMPLE.

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 Funds?
- Included a voided check, if applicable?
- Signed your application in Step 8?

MAIL TO:
The Jensen Funds
c/o US Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI
53201-0701

OVERNIGHT EXPRESS
MAIL TO:
The Jensen Funds
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 Funds literature at www.jenseninvestment.com

U.S. Bancorp Fund Services, LLC



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4. Investment Method and Fund Selection

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

By wire: Call 800.992.4144

By Automatic Investment Plan (complete section 5 below)

	Investment Amount
<input type="checkbox"/> The Jensen Portfolio (JENIX)	\$ _____
<input type="checkbox"/> Jensen Value Fund (JNVIX)	\$ _____

All income and capital gains distributions will be reinvested.

5. 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

**ATTACH VOIDED CHECK
OR PREPRINTED SAVINGS DEPOSIT SLIP HERE**

6. 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.



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7. Beneficiary Information

Primary

NAME	RELATIONSHIP	CITY/STATE/ZIP
SOCIAL SECURITY NO.	BIRTHDATE (MM/DD/YYYY)	%
Name	RELATIONSHIP	CITY/STATE/ZIP
SOCIAL SECURITY NO.	BIRTHDATE (MM/DD/YYYY)	%
NAME	RELATIONSHIP	CITY/STATE/ZIP
SOCIAL SECURITY NO.	BIRTHDATE (MM/DD/YYYY)	%

Secondary

NAME	RELATIONSHIP	CITY/STATE/ZIP
SOCIAL SECURITY NO.	BIRTHDATE (MM/DD/YYYY)	%
NAME	RELATIONSHIP	CITY/STATE/ZIP
SOCIAL SECURITY NO.	BIRTHDATE (MM/DD/YYYY)	%
NAME	RELATIONSHIP	CITY/STATE/ZIP
SOCIAL SECURITY NO.	BIRTHDATE (MM/DD/YYYY)	%

Spousal consent: If you name someone other than or in addition to your spouse and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent. Your spouse must sign below to consent to the beneficiary designation.

SIGNATURE OF SPOUSE	DATE
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List additional beneficiaries on a separate sheet.

8. Signature

I have received and read the IRA Disclosure Statement and Custodial Account Agreement and agree to be bound by its terms. I adopt The Jensen IRA Custodial Account Agreement, as it may be revised from time to time, and appoint the custodian or its agent to perform those functions and appropriate administrative services specified. I have received and understand the Prospectus for The Jensen Portfolio and/or the Jensen Value Fund. I acknowledge and consent to the householding, (i.e., consolidation of mailings) of 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 its 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.

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my IRA may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

The Fund, its transfer agent and any officers, directors, employees or agents of these entities (collectively "The Jensen Funds"), 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 Funds 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 AIP or 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.

SIGNATURE OF SHAREHOLDER/GUARDIAN	DATE
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Appointment as custodian accepted
U.S. BANK, National Association