



**JENSEN
INVESTMENT
MANAGEMENT®**

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

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 and Fund Selection

By check made payable to THE JENSEN FUNDS
Amount \$ _____ (\$2,500 minimum)

By wire: Call 800.992.4144

By Automatic Investment Plan (complete section 4 below)

Distribution Options

	Investment Amount	CAPITAL GAINS		DIVIDENDS	
		REINVEST	CASH	REINVEST	CASH
<input type="checkbox"/> The Jensen Portfolio (JENSX)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Jensen Value Fund (JNVSX)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

4. Automatic Investment Plan

Automatic Investment Plan

	START DATE	START MONTH	AMOUNT PER DRAW (\$100 MINIMUM)
<input type="checkbox"/> The Jensen Portfolio (JENSX)	_____	_____	_____
<input type="checkbox"/> Jensen Value Fund (JNVSX)	_____	_____	_____

If you choose the Automatic Investment Plan option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to section 5 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts. There is a \$25 fee if the automatic purchase cannot be made due to insufficient funds, stop payment or any other reason. Participation in the plan will be terminated upon redemption of all shares. Your signed application must be received at least 15 business days prior to your initial transaction.

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 or to participate in an automatic investment plan. 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.

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 Funds (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 and/or the Jensen Value 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 householding (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 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 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.



**JENSEN
INVESTMENT
MANAGEMENT®**

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