

Entity Account Application

Class I Shares

Please do not use this form for IRA accounts

Mail to: The Jensen Funds c/o U.S. Bank Global Fund Services PO Box 701 Milwaukee, WI 53201-0701 Overnight Express Mail To: The Jensen Funds c/o U.S. Bank Global Fund Services 615 E. Michigan St., FL3 Milwaukee. WI 53202-5207

>> In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or 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.* This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. 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.

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☐ C Corporation		
Partnership	NAME OF CORPORATION / PARTNERSHIP AND STATE OF ORGANIZATION	J
■ Limited Liability	/]
Company	NAME(S) OF AUTHORIZED SIGNER(S)	J
■ S Corporation	☐ Check here if you are a government entity	
Other Entity	or affiliated with a government entity.	
■ Exempt	TAX ID NUMBER You must supply documentation to substantiate the existence of your organization. (e.g., Articles of Incorporation/Formation/Organization, Partnership	
Organization	Agreement, or other official documents.)	
Organization	Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.	

2 Beneficial Owner Information

Please complete the table below 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 in Section 1**. If no individuals meet this criteria, please leave the table blank to certify this requirement does not apply for the Legal Entity.

Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed within the table (ex. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.).

For Foreign Persons: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.

	Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Persons)	Passport Number and Country of Issuance (For Foreign Persons)
1					
2					
3					
4					

3 Controller Information

Please complete the table below with the requested information for <u>one</u> individual with significant responsibility for managing the Legal Entity listed in Section 1, such as an executive officer or senior manager (ex. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or any other individual who regularly performs similar functions (a beneficial owner named in Section 2 can be listed here if appropriate).

For a Foreign Person: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.

Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Person)	Passport Number and Country of Issuance (For Foreign Person)

4 Permanent Street Address

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.	☐ Mailing Address* (if different from Per If completed, this address will be used as the Address of checks and required mailings. Foreign addresses are not be addressed as the Addresses are not be addressed and required mailings.	of Record for all statements,
STREET APT / SUITE CITY STATE ZIP CODE	STREET	APT / SUITE
CITY STATE ZIP CODE	CITY STATE	ZIP CODE
DAYTIME PHONE NUMBER EVENING PHONE NUMBER	* A P.O. Box may be used as the mailing address.	
Duplicate Statement #1 Complete only if you wish someone other than the account owner(s) to receive duplicate statements. COMPANY NAME	☐ Duplicate Statement #2 Complete only if you wish someone other than the according to the statements. COMPANY NAME	ount owner(s) to receive
NAME STREET APT / SUITE	NAME STREET	APT / SUITE
CITY STATE ZIP CODE	CITY	ZIP CODE

5 Cost Basis Method

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation.** If you do not elect a Cost Basis Method, your account will default to **Loss/Gain Utilization**.

to determine which Cost Basis Method be Loss/Gain Utilization.					
Primary Method (Select only one) Loss/Gain Utilization — depletes share Average Cost — averages the purchase First In, First Out — oldest shares are r Last In, First Out — newest shares are Low Cost — least expensive shares are High Cost — most expensive shares are Specific Lot Identification — you muse secondary Method below, which will be used secondary Method — applies only if Specific Last In, First Out Last In, First Out Low Cost High Cost Loss/Gain Utilization Note: If a Secondary Method is not elect	e price of acquired shares redeemed first redeemed first redeemed first redeemed first redeemed first ust specify the share lots to be so sed for systematic redemptions and offic Lot Identification was elected as the sed for systematic redemptions.	ld at the time of a re in the event the lots yo	demption (Th	is method requi	res you elect a
6 Investment and Distribution	on Options				
 ■ By check: Make check payable to the Note: All checks must be in U.S. Dollars dra not accept post dated checks or any condition checks, credit card checks, traveler's checks ■ By wire: Call (800) 992-4144. Note: A completed application is required in the Note: A completed application is a com	own on a domestic bank. The Fund witional order or payment. To prevent is or starter checks for the purchase	check fraud, the Fund e of shares. Capital Reinvest	<i>I will not accep</i> Gains Cash*	-	nds Cash*
☐ Jensen Quality Growth Fund (JENIX)					
Jensen Quality Mid Cap Fund (JNVIX)					
Jensen Global Quality Growth Fund (JGQIX)					
*If cash distribution should be paid,	please select one: \Box Check	k to Address of Rec		to Bank of Rec	

Slip Needed in Section 8.

7 Telephone Options

You automatically have the ability to make telephone purchases*, redemptions* or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.

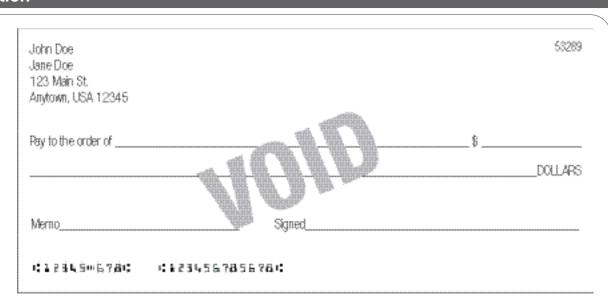
* You must provide bank instructions and a voided check or a savings deposit slip in Section 8.

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

☐ I decline telephone transaction privileges.

8 Bank Information

If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund or pass-through ("for *further credit"*) accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).



9 E-Delivery Options

I would like to:

- ☐ Receive prospectuses, annual reports and semi annual reports electronically
- ☐ Receive statements electronically
- ☐ Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish on-line access to your account, which you may do once your account has been established by visiting jenseninvestment.com.

Please note, you must provide your email address in Section 4 to enroll in eDelivery.

10 Signature and Certification Required by the Internal Revenue Service

- ✓ I have received and understand the prospectus for the The Jensen Funds (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, 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 certify that I am of legal age and have the legal capacity to make this purchase.
- ✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be 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 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 by me personally. I agree that if any such entries are not honored 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 reasonable amount of time to act upon a written notice of revocation.
- ✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.
- ✓ Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

✓ I hereby certify that to the best of my knowledge, the information provided about me, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.

owner(s) and/or the marvidual war control over the legal entity is	complete and correct.		
PRINTED NAME OF AUTHORIZED SIGNER			
SIGNATURE OF AUTHORIZED SIGNER	DATE (MM/DD/YYYY)		
Before you mail, have you:			
☐ Completed all USA PATRIOT Act required information? — Tax ID Number in Section 1?	☐ Included a voided check or a savings deposit slip, if applicable?☐ Signed your application in Section 10?		

For additional information please call toll-free (800) 992-4144 or visit us on the web at ienseninvestment.com.

☐ Enclosed additional documentation, if applicable?

Permanent street address in Section 4?

☐ Enclosed your personal check made payable to the The Jensen Funds?