

IRA Application

Class I Shares



For Traditional, ROTH, SEP and Simple IRAs

jenseninvestment.com

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 mutual funds are required to obtain the following information for all registered owners and all authorized individuals: *full name, date of birth, Social Security number, and permanent street address*. 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 as an age-appropriate distribution at the current day's net asset value.

1 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.

Choose ONE of the following account types:

TRADITIONAL IRA ACCOUNT

- For tax year _____
- IRA to IRA Transfer (please complete IRA Transfer Form)
- Rollover (shareholder had receipt of funds)
- Inherited IRA - Name of Decedent _____ Date of Death _____ Date of Birth _____

IRA ROLLOVER ACCOUNT

- Rollover IRA to Rollover IRA
- Direct Rollover from qualified plan - complete any additional form(s) required by your Plan Administrator.
Please check the type of qualified plan:
 Corporate Pension Profit Sharing Plan 401(k) 403(b) Other _____

ROTH IRA ACCOUNT

- For tax year _____
- Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
- Traditional IRA Conversion to Roth IRA – year of conversion _____ in which Traditional IRA was converted to Roth IRA
- Rollover from Roth IRA (shareholder had receipt of funds)
- Inherited Roth IRA - Name of Decedent _____ Date of Death _____ Date of Birth _____

SEP (Simplified Employee Pension Plan) – Each employee must complete an IRA Application.

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

SIMPLE IRA (Be sure to complete Section 13 and include IRS forms 5305-SA and 5304-SIMPLE)

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

2 INVESTOR INFORMATION

FIRST NAME	M.I.	LAST NAME
SOCIAL SECURITY NO.	DATE OF BIRTH (MM/DD/YYYY)	

3 PERMANENT STREET ADDRESS

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

STREET		APT/SUITE	
CITY	STATE	ZIP CODE	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER	
E-MAIL ADDRESS			

DUPLICATE STATEMENT #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME			
NAME			
STREET		APT/SUITE	
CITY	STATE	ZIP CODE	

MAILING ADDRESS* (IF DIFFERENT FROM PERMANENT ADDRESS)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET		APT/SUITE	
CITY	STATE	ZIP CODE	

*A P.O. Box may be used as the mailing address.

DUPLICATE STATEMENT #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME			
NAME			
STREET		APT/SUITE	
CITY	STATE	ZIP CODE	

4 INVESTMENT AMOUNT

BY CHECK: Make check payable to the **Jensen Funds**.

All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post-dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

BY WIRE: Call 800.992.4144

A completed application is required in advance of a wire.

INVESTMENT AMOUNT (\$250,000 minimum)

<input type="checkbox"/> JENSEN QUALITY GROWTH FUND (JENIX)	\$	<input type="text"/>
<input type="checkbox"/> JENSEN QUALITY VALUE FUND (JNVIX)	\$	<input type="text"/>
<input type="checkbox"/> JENSEN GLOBAL QUALITY GROWTH FUND (JGQIX)	\$	<input type="text"/>

5 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.

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.

6 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 3 to enroll in eDelivery.

7 BENEFICIARY INFORMATION

If you need more space, please enclose a separate sheet of paper.

PRIMARY

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
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NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
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NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
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SECONDARY

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
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NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
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NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
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Spousal Consent: This section should be reviewed if the account owner is married and is a resident of a community property or marital property state (AZ, CA, ID, LA, NV, NM, TX, WA and WI) and designates a beneficiary other than the spouse. It is the account owner's responsibility to determine if this section applies. The account owner may need to consult legal counsel. Neither the custodian nor the sponsor are liable for any consequences resulting from a failure of the account owner to provide proper spousal consent. I am the spouse of the above-named account owner. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby consent to the beneficiary designation(s) indicated on the previous page. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given by the custodian or sponsor.

X	DATE
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SIGNATURE OF SPOUSE

8 SIGNATURE

- > I have read and understand the Disclosure Statement and Custodial Account Agreement. 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 read the prospectus for the Jensen Quality Growth Fund and/or the Jensen Quality Value Fund (the "Fund(s)"). I understand the Fund(s)'s objectives and policies and agree to be bound to 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 documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund(s) to revoke my consent. I agree to notify the Fund(s) 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(s) and its transfer agent shall not be liable if I fail to notify the Jensen Quality Growth Fund and/or the Jensen Quality Value Fund within such time period. I certify that I am of legal age and have the 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 account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.
- > Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.
- > The Fund(s), 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. 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, NA, on behalf of the applicable Fund. The Jensen Funds will not be liable for acting upon instruction 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 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 by me personally. 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)'s transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

X _____ DATE(MM/DD/YYYY)

DEPOSITOR/LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

Appointment as Custodian accepted:
U.S. BANK, NA



9 SIMPLE IRA PLANS ONLY

Employer Information:

EMPLOYER (COMPANY NAME) EMPLOYER STREET ADDRESS

EMPLOYER CITY/STATE/ZIP CODE EMPLOYER CONTACT NAME EMPLOYER CONTACT BUSINESS PHONE

!!! BEFORE YOU MAIL, HAVE YOU:

- Completed all USA PATRIOT Act required information?
 - > Social Security Number in Section 2?
 - > Birth Date in Section 2?
 - > Full Name in Section 2?
 - > Permanent street address in Section 3?
- Enclosed your check made payable to the Jensen Funds? Signed your application in Section 8?

For additional information please call toll-free 800.992.4144 or visit us on the web at jenseninvestment.com.