

Purchase Application

Class J Shares

JENSENTM
INVESTMENT MANAGEMENT

Please do not use this form for IRA Accounts

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 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.

1 INVESTOR INFORMATION

SELECT ONE

INDIVIDUAL

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

JOINT OWNER

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

GIFT TO MINOR

| | | | |
|-----------------------------------|----------------------------|-----------|----------------------------|
| CUSTODIAN'S FIRST NAME (ONLY ONE) | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| CUSTODIAN'S SOCIAL SECURITY NO. | | | |
| MINOR'S FIRST NAME (ONLY ONE) | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| MINOR'S SOCIAL SECURITY NO. | MINOR'S STATE OF RESIDENCE | | |

TAX EXEMPT ORGANIZATION

NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION

CORPORATION

NAME(S) OF TRUSTEE(S)

PARTNERSHIP

LIMITED LIABILITY COMPANY

SOCIAL SECURITY NUMBER/TAX I.D. NUMBER

DATE OF AGREEMENT (MM/DD/YYYY)

S CORPORATION

TRUST

OTHER ENTITY

You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements (including the powers and limitations section(s)), Partnership Agreement, or other official documents.)

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 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 PHONENUMBER | | EVENING PHONENUMBER | |
| 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 | |

3 COST BASIS METHOD

For shares acquired on or after January 1, 2012, the Cost Basis Method you elect applies to all existing and future accounts you may establish. 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.

PRIMARY METHOD

- LOSS/GAIN UTILIZATION** – Depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares (**Default**)
- AVERAGE COST** – Averages the purchase price of acquired shares
- FIRST IN, FIRST OUT** – Oldest shares are redeemed first
- LAST IN, FIRST OUT** – Newest shares are redeemed first
- LOW COST** – Least expensive shares are redeemed first
- HIGH COST** – Most expensive shares are redeemed first
- SPECIFIC LOT IDENTIFICATION** – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

SECONDARY METHOD – Applies only if Specific Lot Identification was elected as the Primary Method (Select only one)

- FIRST IN, FIRST OUT
- LAST IN, FIRST OUT
- LOW COST
- HIGH COST
- LOSS/GAIN UTILIZATION

Please note, if a Secondary Method is not elected, First In, First Out will be used.

4 INVESTMENT AND DISTRIBUTION OPTIONS

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 (\$2,500 minimum) | CAPITAL GAINS | | DIVIDENDS | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Reinvest | Cash* | Reinvest | Cash* |
| <input type="checkbox"/> JENSEN QUALITY GROWTH FUND (JENSX) | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> JENSEN QUALITY VALUE FUND (JNVSX) | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> JENSEN GLOBAL QUALITY GROWTH FUND (JGQSX) | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If nothing is selected, capital gains and dividends will be reinvested

*CASH DISTRIBUTION SHOULD BE PAID BY (SELECT ONE): Check to Address of Record ACH to Bank of Record (Valid Voided Check or Savings Deposit Slip Needed)

5 AUTOMATIC INVESTMENT PLAN (AIP)

Your signed Application must be received at least 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account on a monthly basis. Please attach a voided check or savings deposit slip to Section 6 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

| | | | |
|--|---------------------------------|-----------------|---------------|
| <input type="checkbox"/> JENSEN QUALITY GROWTH FUND (JENSX) | \$ _____ | _____ | _____ |
| | AMOUNT PER DRAW (\$100 minimum) | AIP START MONTH | AIP START DAY |
| <input type="checkbox"/> JENSEN QUALITY VALUE FUND (JNVSX) | \$ _____ | _____ | _____ |
| | AMOUNT PER DRAW (\$100 minimum) | AIP START MONTH | AIP START DAY |
| <input type="checkbox"/> JENSEN GLOBAL QUALITY GROWTH FUND (JGQSX) | \$ _____ | _____ | _____ |
| | AMOUNT PER DRAW (\$100 minimum) | AIP START MONTH | AIP START DAY |



Please keep in mind that:

> There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).

> Participation in the plan will be terminated upon redemption of all shares.

6 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).

| | |
|--|--------------|
| John Doe Jane Doe 123 Main St. Anytown, USA 12345 | 53289 |
| Pay to the order of _____ | \$ _____ |
| _____ | DOLLARS |
| Memo _____ | Signed _____ |
|  | |
|  | |

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.

Please note, you must provide bank instructions and a voided check or savings deposit slip in Section 6.

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

I DECLINE TELEPHONE TRANSACTION PRIVILEGES.

8 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 2 to enroll in eDelivery.

9 SIGNATURE AND CERTIFICATION REQUIRED BY THE INTERNAL REVENUE SERVICE

>I have received and understand the prospectus for the Jensen Quality Growth Fund and/or the Jensen Quality Value Fund (the "Fund(s)"). I understand the Fund(s)'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(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 Fund(s) within such time period. I certify that I am of legal age and have legal capacity to make this purchase.

>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.

> 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.

>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, and (3) I am a U.S. person (including a U.S. resident alien). *(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.

| | |
|---------------------------------------|-------------------|
| X SIGNATURE OF OWNER* | DATE (MM/DD/YYYY) |
| X SIGNATURE OF JOINT OWNER* | DATE (MM/DD/YYYY) |

* If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

!!! BEFORE YOU MAIL, HAVE YOU:

- Completed all USA PATRIOT Act required information?
 - > Social Security or Tax ID Number in Section 1?
 - > Birth Date in Section 1?
 - > Full Name in Section 1?
 - > Permanent street address in Section 2?
- Included a voided check or savings deposit slip, if applicable?
- Signed your application in Section 9?
- Enclosed additional documentation, if applicable?

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