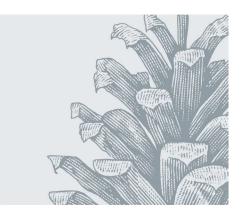
Longleaf Partners Funds®

Account Application



Federal law requires Longleaf to obtain, verify, and record information that identifies each person who opens an account.

What This Means For You • When you open an account, we will ask your name, street address, date of birth, U.S. Social Security number, and may ask for other information to identify you, as well as a copy of identifying documents. If the account is being opened on behalf of a trust, corporation, partnership, or other entity, we require information about individuals with authority over the account and certified copies of organizational documents.

We can NOT open your account if you fail to complete information marked as "REQUIRED." Your account may be closed if we are unable to verify your identity in which case you will receive proceeds based on the next calculated net asset value of the Fund(s) in which you invested. We may also report a failure to verify your identity to federal authorities in accordance with applicable law.

1. Account Registration • (Select One)

Date of Birth (mm/dd/yyyy) - Required

PLEASE PRINT. Remember to complete the signature section on the last page. <u>DO NOT USE THIS FORM FOR IRA ACCOUNTS</u>. Applicants must be a U.S. resident with a U.S. Social Security Number (The Funds generally do not accept foreign accounts).

☐ Individual or Joint Tenants with Rights of Survivorship (unless otherwise noted)

Owner's Name (First, Initial, Last) – Required

Owner's U.S. Social Security Number – Required

Date of Birth (mm/dd/yyyy) – Required

Joint Owner's Name (First, Initial, Last) – Required

Joint Owner's U.S. Social Security Number – Required

□ Gift/Transfer to Minor (UGMA/UTMA)

Adult Custodian's Name (One Name Only. First, Initial, Last) − Required

Custodian's U.S. Social Security Number − Required

Date of Birth (mm/dd/yyyy) − Required

Minor's Name (One Name Only. First, Initial, Last)

Minor's State of Residence

Minor's U.S. Social Security Number

Minor's Date of Birth (mm/dd/yyyy)

□ Entity • Check type below:

REQUIRED: You must send the documentation specified for your entity type with this application, or there will be a delay in establishing your account.

□ Trust • A copy of the pages of the trust agreement containing the name and date of the trust and the names and signatures

☐ **C Corporation** • Certificate of Good Standing obtained from

☐ **S Corporation** • Certificate of Good Standing obtained from

the Secretary of State of the state of incorporation or a copy of

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☐ **Partnership** • A copy of the complete partnership agreement.

□ **Other** • A copy of the entity's organizational documents.

☐ ERISA Plan • No additional documents required.

☐ Governmental Agency or Instrumentality

of the trustees.

the Articles of Incorporation.

the Articles of Incorporation.

4. $Mailing \ Address$ • (If different than street address)

Name of Entity – Required	P.O. Box or Alternate Street		
Entity's U.S. Tax ID – Required	Other Information (Suite, Attention, Etc.)		
Name of Trustee or Authorized Signer – Required	City, State, Zip		
Trustee or Authorized Signer's U.S. Social Security Number – Required	5. Initial Investment • (\$10,000 Minimum Per Fund)		
Trustee or Authorized Signer's Date of Birth (mm/dd/yyyy) – Required	Exception Authorization (Required for Small-Cap Fund and Partners Fund)		
Trustee or Authorized Signer's Street Address – Required	The Small-Cap Fund and Partners Fund are closed to new investors. Exceptions are listed in the Funds' prospectus and		
Trustee or Authorized Signer's City, State, Zip – Required	must be authorized by Southeastern at (901) 761-2474 prior to your investment. Provide your authorization here:		
Additional Trustee or Authorized Signer	EAN#		
Additional Trustee or Authorized Signer's U.S. Social Security Number – Required	Ву		
Additional Trustee or Signer's Date of Birth (mm/dd/yyyy) – Required	Date (mm/dd/yyyy)		
Additional Trustee or Authorized Signer's Street Address – Required	Ao7 PF 133 Partners Fund Closed 6-09-17	\$	
Additional Transfer on Authority of Circuits City City 7th Described	Ao7 SC 134 Small-Cap Fund Closed 7-31-97	\$	
Additional Trustee or Authorized Signer's City, State, Zip – Required	Ao7 IN 136 International Fund	\$\$	
	A07 GL 137 Global Fund	\$	
2. Owner's Street Address	Total Investment	\$\$	
Street (P.O. Box Not Acceptable) – Required	☐ Check • Make payable to Longleaf Partners Funds and send to the address on the last page of this form. The Funds do not accept third-party checks or checks drawn on foreign banks.		
Other Information (Suite, Attention, Etc.)	☐ Wire • Prior to wiring funds, call (800) 445-9	9469 for information	
City, State, Zip – Required	on establishing a new account. After obtaining		
()	number, wire as follows:		
Daytime Phone Evening Phone	Bank of New York Mellon		
•	New York, NY		
Email Address	ABA# 011001234		
	DDA# 0000733156		
	Identify the Fund:		
3. Joint Owner's Street Address	Ao7 PF 133—Partners		
(If different than owner's address)	Ao7 SC 134—Small-Cap		
	Ao7 IN 136—International		
Street (P.O. Box Not Acceptable) – Required	Ao7 GL 137—Global Fund		
C. S. Bonnochiosephanie) neganica		d on the account	
Other Information (Suite, Attention, Etc.) – Required	For further credit to: Your name as registered on the account Your Longleaf account number		
City, State, Zip	BNY Mellon will not process wire transfers		
()	identification and Longleaf account numb	er.	
Daytime Phone Evening Phone			

Email Address

6. Cost Basis Election

IRS regulations require us to report cost basis information when you redeem shares purchased after January 1, 2012.

If you do not make an election, our default Method of FIFO (First In, First Out) will be applied to your account.

Please select one of the following cost basis calculation and depletion methods:

	ACSC (Average Cost Single Category)	Shares are depleted on a first in, first ou basis with the cost basis calculated by taking the shares redeemed multiplied by the average cost per share.		
	FIFO (First In, First Out)	Oldest shares purchased are first redeemed.		
	LIFO (Last In, First Out)	Most recent shares purchased are first redeemed.		
	HIFO (Highest Cost In, First Out)	Shares with highest cost basis are first redeemed.		
	LOFO (Lowest Cost In First out)	Shares with lowest cost basis are first redeemed.		
	HILT (Highest Cost Long Term In, First Out)	Will redeem the long-term highest cost available shares first.		
	HIST (Highest Cost Short Term In, First Out)	Will redeem the short-term highest cost available shares first.		
	LILT (Lowest Cost Long Term In, First Out)	Will redeem the long-term lowest cost available shares first.		
	LIST (Lowest Cost Short Term In, First Out)	Will redeem the short-term lowest cost available shares first.		
	Specific Lot Depletion*	The lot to be depleted is specifically chosen by you at the time of redemption		
*If you do not include your specific lot selections at the time of redemption, FIFO will be applied to your transaction.				
7. Dividends and Capital Gains Payments				
All distributions will be reinvested in additional shares unless indicated below.				
□ Pay all capital gains in cash.□ Pay all dividends in cash.				

8. Bank Instructions

Complete the following information to allow assets to transfer electronically between your bank checking account and the Funds.

Bank Name, City, State	
ABA Routing #	Account #

Name(s) On Account

Please Attach A Voided Check - Required

9. Electronic Asset Transfer Options

You must complete Section 7 and 8 of this application. Select the electronic transfer options to use to have redemptions and other distributions sent directly to your bank checking account. If no option is selected, transfers will be sent by ACH. Send redemptions by (choose one):

☐ Fed Wire	or	□ ACH			
Send cash dividends and/or capital gains by (choose one):					
☐ Fed Wire	or	□ ACH			

10. Automatic Investment Plan

You must complete Section 8 of this application. The minimum automatic investment is \$100 per transaction. Bank transfers will be processed on or about the 21st of each month and usually become active 20 business days after your request is processed.

Invest the following amounts:			
Partners Fund (#133)	. \$		
Small-Cap Fund (#134)	. \$		
International Fund (#136)	\$		
Global Fund (#137)	. \$		
Total Investment	. \$		
Investments should be made (choose	one):		
	Beginning (MM/YY)		
☐ Monthly			
☐ Quarterly			
☐ Semi-Annually			
☐ Annually			

11. Telephone Transaction Options

Unless declined, the telephone options will be on your account. Purchases, redemptions and exchanges can be made by telephone. Once initiated, telephone transactions can not be canceled.

☐ Do Not Add Telephone Purchase

Purchases can be made by telephone to an existing account and added to your account on the first business day following your call. Purchases CAN NOT be made on the same day you call. Purchases will be deducted from your checking account by electronic transfer. This option requires you to complete Section 8 of this application.

☐ Do Not Add Telephone Redemption

You can redeem up to \$100,000 per Fund over the telephone. Larger redemptions must be in writing and require a Medallion Signature Guarantee. Telephone redemptions can be sent only to the existing address of record or bank instructions on your account.

□ Do Not Add Telephone Exchange You can exchange up to \$100,000 over the telephone between	☐ CROSS OUT ITEM 3, ABOVE, AND CHECK HERE IF YOU ARE SUBJECT TO BACKUP WITHHOLDING.		
Fund accounts with identical registrations. Exchanges greater than \$100,000 must be in writing and require a Medallion	☐ EXEMPTION FROM FATCA REPORTING CODE (if any)		
Signature Guarantee.	STATE UNCLAIMED PROPERTY LAW DIS	CLOSURE	
12. Duplicate Statements/Courtesy Copy	• The assets in your custodial account are subject to state unclaimed property laws which provide that if no activity occurs in your account within the time period specified by the particular state law, your assets must be transferred to the appropriate state. We are required by law to advise you that your assets may be transferred to an appropriate state in compliance with these state laws.		
Send a copy of my account statements to:			
Name (First, Initial, Last) Company Name	THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN		
Company Name	THE CERTIFICATIONS REQUIRED ABOVE	Ξ.	
Street or P.O. Box Number	By signing this application, I also certify t	hat:	
	 I have received and read the prospectus 	for the Fund and I agree	
City, State, Zip	to its terms. I have the authority and leg mutual fund shares, am of legal age and		
13. E-delivery Options	to be suitable for me. • Lunderstand that this Fund is not a ban	k and Fund shares are	
To receive E-mail notification, please select any of the following:	 I understand that this Fund is not a bank, and Fund shares are not backed or guaranteed by any bank nor insured by the FDIC. I ratify any instructions, including telephone instructions, given 		
Longleaf Web Updates ☐ Email	on this account. I understand that the Fu	_	
Annual Reports	employ reasonable procedures to verify:		
Semi-Annual Reports \square Email	the genuineness of my instructions. I ag		
Shareholder Statements \square Email	nor BNY Mellon will be liable for any los		
Prospectus Email	following the Funds' anti-money launde	=	
Shareholder Confirms \Box Email	following reasonable procedures design	- -	
Tax Documents □ Email	transactions. For entities, the following	=	
Please provide your email address for any electronic delivery	continue to be, authorized signers for th		
options you choose above.	Fund receives instructions to the contrary. At least		
	(insert #) authorized signature(s) are re	•	
Email Address	transactions. If left blank, one authoriz		
	transactions.	o ,	
14. Signature • Required by each owner	Signature of Owner/Authorized Signer	Date (mm/dd/yyyy)	
UNDER PENALTIES OF PERJURY, I CERTIFY THAT:			
1. I am a U.S. person, and	Print Name		
2. The number shown on this form is my correct social security number or taxpayer identification number, and			
3. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been	Signature of Joint Owner/Authorized Signer	Date (mm/dd/yyyy)	
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	Print Name		
longer subject to backup withholding, and 4. The FATCA code(s) entered below (if any) indicating that I am	Additional Authorized Signer	Date (mm/dd/yyyy)	
exempt from FATCA reporting is correct.	Print Name		

Send Completed Application and Check to

By regular mail: Longleaf Partners Funds c/o BNY Mellon P.O. Box 9694 Providence, RI 02940-9694 By express mail or overnight courier: Longleaf Partners Funds c/o BNY Mellon 4400 Computer Drive Westborough, MA 01581

(800) 445-9469

Items delivered to the P.O. Box are not deemed "received" until they arrive at BNY Mellon for processing. Time critical items requiring proof of receipt should be sent to the Westborough, MA address.