

IRA Transfer & Conversion Form



1. Account Owner

Owner's Name (First, Initial, Last)

Owner's U.S. Social Security Number

()
Daytime Phone

Street or P.O. Box

City, State, Zip

2. Type of Account

- Traditional IRA
- Rollover IRA
- Roth IRA, Year Roth was opened _____
- SEP IRA

3. Longleaf Account Information

- I have an **existing IRA** account with Longleaf Partners Funds. My account # is _____
- I am establishing a **new IRA** account with Longleaf Partner Funds. (Application attached)

4. Investment of Assets ■ \$10,000 minimum per Fund account

Partners Fund (#133) Closed 6/09/17	\$ _____
Small-Cap Fund (#134) Closed 7/31/97	\$ _____
International Fund (#136)	\$ _____
Global Fund (#137)	\$ _____
Total Investment	\$ _____

5. Distribute the Assets Indicated Below

- Liquidate all assets and send a check.
- Liquidate \$ _____ only and send a check.
- Transfer existing Longleaf shares in-kind:

Partners Fund (#133)	_____
Small-Cap Fund (#134)	_____
International Fund (#136)	_____
Global Fund (#137)	_____
Total Investment	_____

- Transfer a Certificate of Deposit:
 - At Maturity date of: _____
 - Immediately. (I am aware of any penalties)

6. Withholding ■ (for Roth Conversions only)

- Do NOT withhold from my conversion.
- Withhold _____ % or \$ _____ from my conversion. (Unless otherwise indicated tax may be withheld at a rate of 10%)

7. Type of Request ■ Choose one

- Transfer from a Traditional IRA or Roth IRA
- Transfer from a SEP IRA _____
Name of Company or Employer
(Name of Company or Employer)
- Transfer from a SEP or SIMPLE IRA (after the 2-year required period) to a Traditional IRA
- Convert my Longleaf Traditional IRA to a Longleaf Roth IRA
- Direct Rollover QRP to Traditional IRA
- Direct Rollover (conversion) of an employers QRP to a Roth IRA
- Direct Rollover 403(b) or 457 Plan to a Traditional IRA
- Direct Rollover of an employers Designated Roth Contribution Account into a Roth IRA

8. The Assets are Being Transferred From

Name of Present Trustee or Custodian
Account Number Investment Name
Street Address or P.O. Box Number
City, State, Zip Code
()
Phone Number

You may want to contact your plan administrator or custodian to ensure that you have completed any documents they may require in order to complete your request as well as establish the timing of the distribution.

Approximate value of the IRA you are transferring: \$
(Must be at least \$10,000 initially for each Fund or you must include a check to bring the total to \$10,000. There is no minimum required for subsequent investments. The funds do not accept third-party checks or checks drawn on foreign banks.)
PLEASE INCLUDE A COPY OF YOUR ACCOUNT STATEMENT FOR THE IRA YOU ARE TRANSFERRING.

9. Signature

I authorize the transfer of assets or direct rollover as noted above to my Longleaf Partners Funds® IRA and authorize Longleaf Partners Funds and BNY Mellon Investment Servicing Trust Company to process this request on my behalf. I understand it is my responsibility to assure the prompt transfer of assets by the current custodian. I have read and understand all information in the instructions and hereby provide the applicable direct rollover certification.

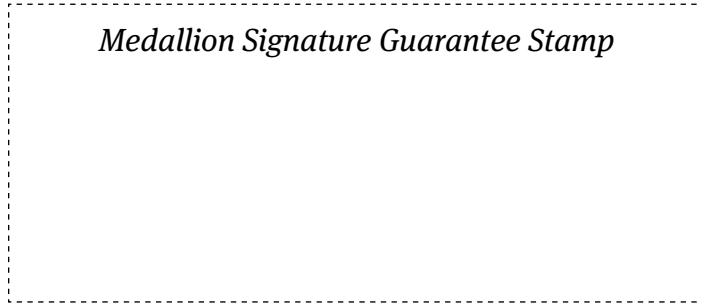
If this contribution is a Direct Rollover or Direct Rollover (conversion) from a Qualified Plan, I understand that by signing this form I am acknowledging that the contribution is an irrevocable election and is no longer eligible for special tax treatment which may be accorded to distributions from Qualified Plans. Longleaf Partners Funds can only accept Direct Rollovers from a Qualified Plan to an IRA in the form of cash.

I understand I am not eligible for a conversion if my adjusted gross income exceeds \$100,000 (single or joint) or if I am married and filing separately. I understand the conversion is irrevocable. I agree I am solely responsible for all tax consequences of this conversion.

Owner's Signature Date

10. Medallion Signature Guarantee (if required)***

***Please check with your current trustee/custodian to determine if a medallion signature guarantee is required to process this transfer.



Name of Institution

Signature of Authorized Officer Date

To be completed by BNY Mellon to the above named trustee: BNY Mellon Investment Servicing Trust Company accepts its appointment as Custodian for the above account. Please forward a check or existing Longleaf shares, as directed above, payable to:

BNY Mellon Investment Servicing Trust Company FBO

Reference Number (Include this number on your check)

Authorized Signature

Authorized Signature Date

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.

For new IRA accounts, this form must be returned with a Retirement Account Application.