

# Change of Information Form



You may use this form to request changes to an existing non-retirement account in the Longleaf Partners Funds. A separate form should be completed for each account number.

## 1. Existing Account Information

.....  
Fund(s) and Account Number

Owner's Name Date of Birth

Joint Owner's Name Date of Birth

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

## 2. Action Requested ■ Select all that apply

- A. Change of Address
- B. Duplicate Statement
- C. Capital Gain/Dividend Options
- D. Change of Shareholder Name (due to marriage or divorce)
- E. Add a Joint Owner
- F. Automatic Investment Plan
- G. Telephone Transaction Options
- H. Bank Instructions
- I. Systematic Withdrawal Plan
- J. E-delivery Options

**Important Note** ■ Your signature(s) are required on page 3 of this form or changes cannot be processed.

## A. Change of Mailing Address

### Old Address:

Street or P.O. Box

City, State, Zip

(      )

Daytime Phone

### New Address:

Street or P.O. Box

City, State, Zip

(      )

(      )

Daytime Phone

Evening Phone

Email Address

## B. Duplicate Statement/Courtesy Copy

- Add the following to receive statement copies
- Remove the following from receiving statement copies

Name

Company

Street or P.O. Box

City, State, Zip

## C. Capital Gain/Dividend Options

Capital Gains:     Reinvestor    or     Cash

Dividends:         Reinvest        or     Cash

**D. Change Shareholder Name** ▪ W – 9 Required

Complete this section if the name of the account owner is changing.  
Do NOT use this form to request a change of ownership.

**Previous Name:**

\_\_\_\_\_  
First, Middle, Last

\_\_\_\_\_  
Previous Signature

**New Name:**

\_\_\_\_\_  
First, Middle, Last

Please include official documentation of the name change.  
A new W-9 Form is required for all name changes.

**E. Add a Joint Owner**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR ADDING A JOINT OWNER**

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

To add a joint owner, you must provide the joint owner’s name, street address, date of birth, and a U.S. Social Security number. We may ask for other information that will allow us to identify the joint owner, and we may ask to see a copy of identifying documents.

**We can NOT add a joint owner without information marked as “REQUIRED.”** If we are unable to verify the joint owner’s identity, the joint owner will not be added to the account. Should we deem it warranted, we may report a failure to verify the identity to Federal authorities in accordance with applicable law.

Unless otherwise noted, the following person will be added as a Joint Tenant with Rights of Survivorship (JTWROS):

\_\_\_\_\_  
Joint Owner’s Name – Required

\_\_\_\_\_  
U.S. Social Security Number – Required                      Date of Birth – Required

\_\_\_\_\_  
Street (P.O. Box Not Acceptable) – Required

\_\_\_\_\_  
Other Information (Suite, Attention, etc.)

\_\_\_\_\_  
City, State, Zip – Required

(     )    (     )  
\_\_\_\_\_  
Daytime Phone                                      Evening Phone

\_\_\_\_\_  
Email

**F. Automatic Investment Plan**

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. **Complete Section H if you do not already have bank instructions on your account.**

**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):**

	<b>Beginning (MM/YY)</b>
<input type="checkbox"/> Monthly	_____
<input type="checkbox"/> Quarterly	_____
<input type="checkbox"/> Semi-Annually	_____
<input type="checkbox"/> Annually	_____

**G. Telephone Transaction Options**

Purchases, redemptions and exchanges can be made by telephone. Once initiated, telephone transactions cannot be canceled.

- Add Telephone Purchase** ▪ Purchases made by telephone will be deducted from your checking account. Your purchase price will be the net asset value computed on the next business day following your telephone purchase request. **Complete Section H if you do not already have bank instructions on your account.**
- Add Telephone Redemption** ▪ You can redeem up to \$100,000 per Fund over the telephone. Larger redemptions must be made in writing and must be Medallion Signature Guaranteed. Telephone redemptions can only be sent to the existing address of record or bank instructions on your account.
- Add Telephone Exchange** ▪ You can exchange up to \$100,000 per Fund over the telephone between Fund accounts with identical registrations. Exchanges greater than \$100,000 must be made in writing and must be Medallion Signature Guaranteed.

**H. Bank Instructions**

Please attach a voided check • Required

Bank Name \_\_\_\_\_

City, State \_\_\_\_\_

ABA Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

Use the above bank instructions for (select all that apply):

Redemptions:

Wire or  ACH

Cash distributions:

Wire or  ACH

Establish an Automatic Investment Plan  
(complete Section F of this form)

Establish Telephone Purchase Option  
(complete Section G of this form)

Establish a Systematic Withdrawal Plan  
(complete Section I of this form)

**I. Systematic Withdrawal Plan**

You can establish a systematic withdrawal from your account by completing the following information. Redemptions will be processed on or about the 21st of each month.

Redeem the following amounts:

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

Redemptions should be made (choose one):

Beginning (MM/YY) \_\_\_\_\_

Monthly \_\_\_\_\_

Quarterly \_\_\_\_\_

Semi-Annually \_\_\_\_\_

Annually \_\_\_\_\_

**J. E-delivery Options**

To receive e-mail notification, please select any of the following:

- Longleaf Web Updates  Email
- Annual Reports  Email
- Semi-Annual Reports  Email
- Shareholder Statements  Email
- Prospectus  Email
- Shareholder Confirms  Email
- Tax Documents  Email

Please provide your email address for any electronic delivery options you choose above.

Email Address \_\_\_\_\_

.....

**3. Signature(s)**

By signing below, I/we ratify any instructions, including telephone instructions, given on this account. I understand that the Fund or BNY Mellon will employ reasonable procedures to confirm the genuineness of my instructions. I agree that neither the Fund nor BNY Mellon will be liable for any loss, cost or expense for acting upon any instructions believed to be genuine and in accordance with reasonable procedures designed to prevent unauthorized transactions.

**I/we authorize these changes to my/our account upon receipt of these instructions in good order.**

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner/ Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_

Additional Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_

Additional Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_

.....

**4. Medallion Signature Guarantee**

Your signature must be Medallion Signature Guaranteed if you are:

- Requesting changes to the ownership of an account with more than \$100,000 value, such as removing a joint owner
- Establishing a systematic withdrawal greater than \$100,000 per Fund
- Redeeming within 30 days of a change to your account address

**A MEDALLION SIGNATURE GUARANTEE PROTECTS YOU AND THE FUNDS FROM POTENTIAL LOSS DUE TO FRAUDULENT ACTIVITY.**

Acceptable medallion guarantees may be obtained from banks, brokerage firms or other institutions that are members of either the Securities Transfer Association Medallion Signature Program (STAMP), the New York Stock Exchange Medallion Signature Program (MSP), or the Stock Exchange Medallion Program (SEMP). The guarantee must be in original form, as photocopies or fax copies are not accepted. The surety bond coverage of the Medallion Signature Guarantee on your request must be equal to, or greater than, the value of the requested transaction, and the guarantee must have unlimited effectiveness.

A Notary Public is NOT an eligible guarantor.

There may be other circumstances in addition to those listed above that require a Medallion Signature Guarantee. Please contact us at (800) 445-9469 if you have questions about these requirements.



\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date

**Send Completed Application 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