

# Change of Information Form Retirement Account



You may use this form to request changes to an existing 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

\_\_\_\_\_  
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. Change Beneficiaries
- F. Telephone Exchange Option
- G. Automatic Investment Plan
- H. Bank Instructions
- I. E-delivery Options

For transfers or rollovers into Longleaf, complete the "IRA Transfer & Conversion Form." For distributions out of your IRA account, complete the "Retirement Account Distribution Form."

**Important Note** • Your signature is required in Section 3 of this form and we may require a Medallion Signature Guarantee in some circumstances. Changes to your account can not be processed without properly signing this form.

**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:     Reinvest    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. Change Beneficiaries**

**Beneficiary Primary**

**Note: The share percentage must equal 100% for all Primary and Contingent Beneficiaries.**

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Relationship    % of Assets

**Beneficiary**    **Primary** or    **Contingent**

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Relationship    % of Assets

**Beneficiary**    **Primary** or    **Contingent**

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Relationship    % of Assets

**Beneficiary**    **Primary** or    **Contingent**

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Relationship    % of Assets

Note: The percentage must equal 100% for all Primary or all Contingent Beneficiaries. If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s). In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in specified shares, if indicated.) If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated.) I understand that, unless I have specified otherwise, if I name multiple Primary Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Primary Beneficiaries. Similarly, unless I have specified otherwise, if no Primary Beneficiary survives me and I have named multiple Contingent Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Contingent Beneficiaries. I understand that I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

**Spousal Consent**

I consent to the Beneficiary Designation.

\_\_\_\_\_  
Signature of Spouse    Date

Note: Consent of the Participant’s Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than, or in addition to, the Participant’s Spouse. You may change your beneficiaries at any time by giving written notice to the Custodian. If you do not designate a beneficiary, or the beneficiary(ies) you designate predecease you, your surviving spouse will become the beneficiary of your IRA, if no surviving spouse or unmarried, your estate will become the beneficiary of your IRA.

*Disclaimer for Community and Marital Property States:* The Participant’s Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, any sponsors, issuers, depositories and other persons or entities associated with “Eligible Assets” (as defined in the Custodian Account Agreement the Custodian specifically disclaim any warranty as to the effectiveness of the Participant’s beneficiary designation or as to the ownership of the account after the death of the Participant’s Spouse. For additional information, please consult your legal advisor.

**F. Telephone Exchange Option**

Add Telephone Exchange ■ You can exchange up to \$100,000 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.

**G. Automatic Investment Plan**

Our minimum automatic investment is \$100 per Fund. 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.

**You must provide your bank information below 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):

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

**H. Bank Information**

**Please attach a voided check ■ Required**

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

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

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

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

**I. 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 \_\_\_\_\_

#### 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 a \$100,000 value
- 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.

*Medallion Signature Guarantee Stamp*

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Name of Institution

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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