

Simple IRA Account Application

Important Information About Procedures for Opening a New Account

To help the U.S. Government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies persons opening accounts; To comply, the Custodian requires the participant's name, address, date of birth and government- issued identification number (generally, a Social Security Number) and other information that may help the Custodian identify the participant; and the Custodian may ask for copies of related documentation and may consult third-party databases to help verify the participant's identity. I have read and I understand the Disclosure Statement which explains the risks of opening this account if I do not provide all requested identification materials or if my identity cannot be adequately verified in accordance with U.S. Government requirements.

PLEASE PRINT. Remember to complete the signature section on the last page.

1. Account Registration ▪ Required

Owner's Name (First, Initial, Last) – Required _____ Date of Birth _____

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

2. Owner's Street Address ▪ Required

Street (P.O. Box not acceptable) _____

Other Information (Suite, Attention, etc.) _____

City, State, Zip _____

Daytime Phone _____ Evening Phone _____

Email Address _____

3. Mailing Address ▪ (If different than street address)

P.O. Box or Alternate Street _____

Other Information (Suite, Attention, etc.) _____

City, State, Zip _____

4. Type of SIMPLE IRA Account ▪ Choose one

- Transfer from SIMPLE IRA
- Rollover from a SIMPLE IRA
- Established for Salary Deferrals— (Important: Fund Minimums may apply)

**Note: The minimum initial investment is \$10,000 per Fund. As this minimum exceeds the contribution limit for a SIMPLE IRA. Initial investment must also be funded by a transfer or rollover.*

Date You First Participated in the Employer's Plan. _____ MM/DD/YY

5. Employer Information

Please attach a copy of the employer's 5304-SIMPLE Form or Prototype Adoption Agreement

Company Name _____

Street _____

City, State, Zip _____

Name of Contact _____ Phone _____

6. Initial Investment ▪ (\$10,000 minimum per Fund)

The Small-Cap Fund and Partners Fund are closed to new investors. Exceptions are listed in the Funds' prospectus and must be authorized by Southeastern at (901) 761-2474 prior to your investment. Please provide your exception authorization here:

 EAN #

 By

 Date (mm/dd/yyyy)

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

All dividends and capital gains will be reinvested.

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7. Telephone Exchange ▪ \$100,000 maximum

Telephone exchanges of up to \$100,000 can be made only between Longleaf accounts that have the same registration. You may decline this option below.

I do Not want telephone exchange privileges.

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8. Beneficiaries

Note, the share 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 the 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 designate a beneficiary, or if all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my IRA. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

PER STIRPES BENEFICIARY DESIGNATIONS - The Custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of the beneficiaries and the allocations thereto.

Beneficiary (One) Primary

 Name

 U.S. Social Security Number

 Date of Birth

 Relationship

 % of Assets

Beneficiary (Two) Primary or Secondary

 Name

 U.S. Social Security Number

 Date of Birth

 Relationship

 % of Assets

Beneficiary (Three) Primary or Secondary

 Name

 U.S. Social Security Number

 Date of Birth

 Relationship

 % of Assets

Beneficiary (Four) Primary or Secondary

 Name

 U.S. Social Security Number

 Date of Birth

 Relationship

 % of Assets

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9. Spousal Consent to Beneficiary Designation

COMMUNITY PROPERTY SPOUSAL CONSENT

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.

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 the investments and 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.

I consent to the Beneficiary Designation.

Signature of Spouse Date

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10. 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

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11. Duplicate Statements/Courtesy Copy

Please send a copy of my account statements to:

Name (First, Last, Initial)

Company Name

Street or P.O. Box

City, State, Zip

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12. Signature ▪ Required

TERMS AND CONDITIONS

I, the Participant, acknowledge receiving and reading the SIMPLE IRA Application and Adoption Agreement Instructions, the Disclosure Statement, the Custodial Account Agreement and

the Privacy Notice (the “Account Documents”). I acknowledge receiving and reading the current prospectus for each Mutual Fund I may have designated for investment. I understand that contributions to my SIMPLE IRA will be invested in accordance with the written instructions I provide with respect to that contribution. The Custodian, upon proper instructions from me, is authorized to exchange a Mutual Fund for any other Mutual Fund and to purchase a Mutual Fund with the proceeds of any redemption.

I hereby establish a SIMPLE IRA in accordance with the instructions provided on these pages and agree to participate under the terms and conditions contained in the Account Documents and these pages titled “SIMPLE IRA APPLICATION AND ADOPTION AGREEMENT” (the “Agreement”). I agree that this SIMPLE IRA becomes effective only upon written acceptance by the Custodian and that such written acceptance will consist of a confirmation of transaction statement. I also acknowledge receiving a copy of the employer plan document under which this SIMPLE IRA is established.

I agree that the Custodian may amend (add to, delete from or revise) any term of the Agreement at any time by notice to me and that my sole remedy if I disagree with the amendment is to transfer funds in the SIMPLE IRA account to another custodian. I agree that the Agreement is binding on me and on my successors in interest.

I direct that upon my death benefits be paid as indicated on the beneficiary designation. If I name a Trust as beneficiary, I understand I must provide certain information concerning such Trust to the Custodian.

I (the Participant) certify under penalties of perjury that (i) all information I have provided on this form or otherwise in connection with establishing my SIMPLE IRA is true, correct, and complete, and (ii) I am a US person (including a US resident alien) and that my Social Security Number is true, correct and complete and that this number is my Taxpayer Identification Number.

Signature Date

IRA Custodian:

BNY Mellon Investment Servicing Trust Company
c/o BNY Mellon
P.O. Box 9694
Providence, RI 02940-9694

Send Completed Application, Transfer Form, and/or 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.