

# Required Minimum Distribution Election Form

# 1. Participant Information

If you currently receive Required Minimum Distribution ("RMD") payments and you do not want to make any changes to the amount or payment schedule, or if you have already satisfied your annual RMD, you DO NOT need to complete or return this form.

**Note:** Failure to withdraw your RMD amount by the applicable deadline could result in a 50% penalty tax. The penalty tax would be assessed on the difference between the amount that you were required to take and the amount that was actually distributed, if any. Before making any decision regarding your RMD, we urge you to consult your tax advisor or tax attorney.

Nar	ne					
Soc	cial Security Number	Date of Birth (mm/dd/yyyy				
Acc	ount Number					
Pho	one Number					
Тур	pe of Account					
	Traditional IRA					
	Roth IRA					
	SEP IRA – Excluded from Qualified Charitable Distributions					
	Simple IRA – Excluded from 0	Qualified Charitable Distributions				
<b>2.</b>	Distribution Election	■ RMD amounts are calculated on the				
ent	tire account balance including all	of the underlying investments in your IRA				
	New RMD election □	Change an existing RMD election				
	Qualified Charitable Distribu	tion				
Dis	stribution Method:					
	Distribute proportionately ac	ross all funds, (or)				
	Distribute as indicated below	r:				
	Partners Fund (#133)	\$				
	Small-Cap Fund (#134)	\$				
	International Fund (#136)	\$				
	Global Fund (#137)	\$				
	Total	\$				

## 3. Calculation Method

Your RMD amount is calculated in accordance with Internal Revenue Service ("IRS") regulations. The regulations are explained in IRS Publication 590, Individual Retirement Arrangements (IRAs), which includes the life expectancy tables used to calculate RMD amounts.

**Note:** Your RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

☐ My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate my RMD based on the Joint and Last Survivor Expectancy Table.

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

**4. Type of Distribution** • If you were born on or after July 1, 1949, but not later than December 31, 1949, your first RMD year is calendar year 2021. You may take your 2021 RMD by December 31, 2021, or you may defer your 2021 RMD until 2022. If you decide to take your 2021 RMD in 2022, you must do so no later than April 1, 2022. However, electing to defer your 2021 RMD until 2022 will result in two taxable distributions in 2022. If you were born on or before June 30, 1949, your 2021 RMD must be distributed by December 31, 2021.

#### A. Single Sum / One-Time Distribution (options):

Ш	Calculate RMD Amount: Calculate and distribute immediately
	upon receipt of this form my 2021 RMD. I understand that I
	am responsible for ensuring any future year RMD amounts are
	satisfied by contacting the Custodian to request subsequent
	distributions.

Distribute a fixed amount of \$		
immediately upon receipt of this form. I understand that I		
am responsible for ensuring my RMD amounts are satisfied		
each year and for contacting the Custodian to request any		
subsequent distributions.		

B. Systematic Distributions (options): ■ Important: You must also complete "Systematic Distribution Cycle" below.		6. Payment Method	
Calculate and distribution for this year and all the Custodian will conform all stocking to discontinue the payear and you are elected to the Custodian will conform the payear and you are elected for the Custodian will be conformed to the Custodian will be conformed to the Cus	ute my current year RMD amount subsequent years. I understand that intinue to calculate and distribute my subsequent years until I notify them ayments. If you attained age 70½ last cting to also distribute your prior year this box (must be received between 1st). Your prior year deferred amount will sum distributed immediately upon receipt	Based on your selected distribution method, a Medallion Signature Guarantee Stamp may be required. Please refer to your prospectus or call us at the number listed on this form for specific requirements. If a payment method is not selected, your RMD will be issued as a check payable to you and mailed to your address of record. Your payout method will remain in effect until we receive notice from you requesting a change.  Mail check to my address of record currently on file.  Purchase into my existing Non-Retirement Account	
☐ Distribute a <b>fixed am</b>	nount of \$ for this year ears until I notify you to discontinue	Account Number	
payments. I understa RMD amounts are sa I am responsible for	and that I am responsible for ensuring my tisfied each year. I also understand that contacting the Custodian to request any xed dollar amount or frequency.	<ul> <li>□ Invest Proportionately Across All Fund(s) (or) □ Invest in (Fund Name)</li> <li>□ Purchase into my new Non-Retirement Account – Attach a completed application with investment instructions.</li> <li>□ Send payments electronically to my existing bank instructions on file.</li> </ul>	
Retirement plan participants, may make tax-free distribut	who have attained age 72 or older, ions from a Traditional or Roth IRA and ted to an eligible tax-exempt charitable	☐ Send payments to my new bank instructions below. Please note a Medallion Signature Guarantee stamp is required.	
	QCDs for a single tax year cannot exceed can be used toward satisfying your	Bank Name	
=	CD will be reported to the IRS on Form tion (Code 7) based on your age. You	City, State	
Service "IRS" on your Federa	e qualification to the Internal Revenue Il income tax return (Form 1040). For more	ABA Routing # Account #	
consult your tax advisers.	of charitable distributions from an IRA,	Name(s) on Account	
<b>Distribution Amount:</b> (Total exceed \$100,000)	of all QCDs for a single tax year cannot	<b>Required</b> ■ Please attach a voided check	
☐ Use my calculated RM	MD amount	☐ Qualified Charitable Distributions-Mail check to:	
	ribution of \$	Name of Charitable Organization	
☐ Liquidate entire acco  Note: Federal tax withholdir	unt. ng is not required from a QCD and will not	Attention	
be withheld from the distrib		Address	
selected, your RMD will be di	-	City, State, Zip  Please note a medallion signature guarantee stamp is required to make check payable to alternate payee/address.	
Begin systematic distribution Frequency (choose one):	ns on (mm/dd/yyyy):	to make effect payable to discribe payeorada cos.	
☐ Monthly	☐ Quarterly	7. Tax Withholding Election • Required	
☐ Semi-annually	☐ Annually	Distributions from IRAs and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect NOT to have withholding apply to such payments. Generally, such distributions are subject to 10% withholding unless	

you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new

election.

Please select one: ☐ Do **NOT** withhold federal income tax. This option is only available for accounts registered with an address in the United States. ☐ Withhold 10% federal income tax ☐ Withhold \_% federal income tax (must be 10% or more) Federal income tax will be withheld from any distribution subject to the IRS withholding rules if you do not complete and return this election or if you have not previously elected out of withholding. Tax will be withheld on the gross amount of these payments even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. **B. State Withholding** • Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements. ☐ I elect <u>NOT</u> to have state income tax withheld from my retirement account distributions (For Mandatory States Only). ☐ I elect <u>TO</u> have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes (For Voluntary States Only). \$ \_ 8. Authorization I certify that I am the Participant authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Sponsor, or the agent of either of them has given no tax or legal advice to me and shall be indemnified and held harmless, for any tax, legal or other consequences resulting from my election(s). I expressly assume responsibility for any adverse consequences which may arise from the election(s). The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. I have read and understand and agree to be legally bound by the terms of this form. Participant's Signature - Required Date (mm/dd/yyyy) 9. Medallion Signature Guarantee Your signature must be Medallion Signature Guaranteed if you are: ☐ Redeeming more than \$100,000 per Fund ☐ Requesting the distribution be made payable or mailed to an

alternate payee or charitable organization

☐ Requesting a distribution within 30 days of an address change

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

Acceptable medallions 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			
nstitution			
of Authorized Officer	Date		
	nstitution	nstitution	

### Send Completed Form to:

By regular mail: Longleaf Partners Funds c/o BNY Mellon P.O. Box 534448 Pittsburgh, PA 15253-4448 By overnight mail: Longleaf Partners Fund c/o BNY Mellon Attn: 534448 500 Ross Street 154-0520 Pittsburgh, PA 15262 (800) 445-9469