

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.

Name

Social Security Number

Date of Birth (mm/dd/yyyy)

Account Number

Phone Number

Type of Account

- Traditional IRA
- Roth IRA
- SEP IRA – Excluded from Qualified Charitable Distributions
- Simple IRA – Excluded from Qualified Charitable Distributions

2. Distribution Election ▪ RMD amounts are calculated on the entire account balance including all of the underlying investments in your IRA.

- New RMD election
- Change an existing RMD election
- Qualified Charitable Distribution

Distribution Method:

- Distribute proportionately across all funds, (or)
- Distribute as indicated below:

| | | |
|---------------------------|----|-------|
| 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

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

- Calculate RMD Amount:** Calculate and distribute immediately upon receipt of this form my **current year RMD**. I understand that I am responsible for ensuring any future year RMD amounts are satisfied by contacting the Custodian to request subsequent distributions. If you attained age 70½ last year and you are electing to also distribute your **prior year deferred RMD** check this box (must be received between January 1st and April 1st).
- 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.

- Calculate and distribute my **current year RMD amount for this year and all subsequent years**. I understand that the Custodian will continue to calculate and distribute my RMD amount for all subsequent years until I notify them to discontinue the payments. If you attained age 70½ last year and you are electing to also distribute your **prior year deferred RMD** check this box (must be received between January 1st and April 1st). Your prior year deferred amount will be issued as a single sum distributed immediately upon receipt of this form.
- Distribute a **fixed amount of \$ _____** for this year and all subsequent years until I notify you to discontinue payments. I understand that I am responsible for ensuring my RMD amounts are satisfied each year. I also understand that I am responsible for contacting the Custodian to request any adjustments to the fixed dollar amount or frequency.

C. Qualified Charitable Distributions (QCD):

Retirement plan participants, who have attained age 70½ or older, may make tax-free distributions from a Traditional or Roth IRA and donate the amount distributed to an eligible tax-exempt charitable organization. The total of all QCDs for a single tax year cannot exceed \$100,000. The QCD amount can be used toward satisfying your RMD for the tax year. The QCD will be reported to the IRS on Form 1099-R as a normal distribution (Code 7) based on your age. You must document the tax-free qualification to the Internal Revenue Service "IRS" on your Federal income tax return (Form 1040). For more information about the rules of charitable distributions from an IRA, consult your tax advisers.

Distribution Amount: (Total of all QCDs for a single tax year cannot exceed \$100,000)

- Use my calculated RMD amount
- Process a partial distribution of \$ _____
- Liquidate entire account.

Note: Federal tax withholding is not required from a QCD and will not be withheld from the distribution amount.

5. Systematic Distribution Cycle ■ If a frequency is not selected, your RMD will be distributed annually.

Begin systematic distributions on (mm/dd/yyyy): _____

Frequency (choose one):

- Monthly
- Quarterly
- Semi-annually
- Annually

6. Payment Method

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

Account Number

- Invest Proportionately Across All Fund(s) (or) Invest in (Fund Name)
- Purchase into my new Non-Retirement Account – Attach a completed application with investment instructions.
- Send payments electronically to my existing bank instructions on file.
- Send payments to my new bank instructions below. **Please note a Medallion Signature Guarantee stamp is required.**

Bank Name

City, State

ABA Routing #

Account #

Name(s) on Account

Required ■ Please attach a voided check

- Qualified Charitable Distributions-Mail check to:

Name of Charitable Organization

Attention

Address

City, State, Zip

7. Tax Withholding Election ■ Required

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 **NOT** to have state income tax withheld from my retirement account distributions (**For Mandatory States Only**).
- I elect **TO** have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes (**For Voluntary States Only**). \$ _____ or _____%

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
- Send payments to my new bank instructions

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

Name of Institution

Signature of Authorized Officer

Date

Send Completed Application and 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.