

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	me					
Soc	cial Security Number	Date of B	Date of Birth (mm/dd/yyyy)			
Acc	ount Number					
Pho	one Number					
Тур	pe of Account					
	Traditional IRA					
	Roth IRA					
	SEP IRA – Excluded from Q	ual	ified Charitable Distr	ibuti	ons	
	Simple IRA – Excluded from Qualified Charitable Distributions					
•						
	Distribution Electio tire account balance including a					
	New RMD election		Change an existing	RMD	election	
	Qualified Charitable Distrib	but	ion			
Dis	stribution Method:					
	Distribute proportionately	acı	ross 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 • 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 complete "Systematic Dis	s (options): Important: You must also stribution Cycle" below.	6. Payment Method		
□ 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.		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 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.		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		
C. Qualified Charitable Dis		on file		
may make tax-free distribut	s, who have attained age 72 or older, tions from a Traditional or Roth IRA and Ited to an eligible tax-exempt charitable	☐ Send payments to my new bank instructions below. Please note a Medallion Signature Guarantee stamp is required.		
organization. The total of al	l QCDs for a single tax year cannot exceed	Bank Name City, State		
	t can be used toward satisfying your QCD will be reported to the IRS on Form			
=	ition (Code 7) based on your age. You	city, state		
	e qualification to the Internal Revenue	ABA Routing # Account #		
	al income tax return (Form 1040). For more sof charitable distributions from an IRA,	No. of Assessed		
consult your tax advisers.	,	Name(s) on Account Required • Please attach a voided check		
Distribution Amount: (Total exceed \$100,000)	l of all QCDs for a single tax year cannot	☐ Qualified Charitable Distributions-Mail check to:		
☐ Use my calculated R	MD amount	Name of Charitable Organization		
☐ Process a partial dist	tribution of \$	nano o o annazo o ganzaron		
☐ Liquidate entire acco	ount.	Attention		
Note: Federal tax withholdi be withheld from the distrib	ng is not required from a QCD and will not pution amount.	Address		
5. Systematic Distrib selected, your RMD will be d	pution Cycle • If a frequency is not listributed annually.	City, State, Zip Please note a medallion signature guarantee stamp is reqjuired to make check payable to alternate payee/address.		
Begin systematic distribution	ons on (mm/dd/yyyy):			
Frequency (choose one):		7. Tax Withholding Election • Required		
☐ Monthly	☐ Quarterly	Distributions from IRAs and qualified retirement plans that are not		
☐ Semi-annually	☐ Annually	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: A MEDALLION SIGNATURE GUARANTEE PROTECTS YOU AND THE FUNDS FROM POTENTIAL LOSS DUE TO FRAUDULENT ACTIVITY. ☐ Do **NOT** withhold federal income tax. This option is only available for accounts registered with an address in the United States. Acceptable medallions guarantees may be obtained from banks, brokerage firms or other institutions that are members of either the ☐ Withhold 10% federal income tax Securities Transfer Association Medallion Signature Program ☐ Withhold % federal income tax (must be 10% or more) (STAMP), the New York Stock Exchange Medallion Signature Federal income tax will be withheld from any distribution subject to the Program (MSP), or the Stock Exchange Medallion Program (SEMP). The IRS withholding rules if you do not complete and return this election guarantee must be in original form, as photocopies or fax copies are or if you have not previously elected out of withholding. Tax will be not accepted. The surety bond coverage of the Medallion Signature withheld on the gross amount of these payments even though you Guarantee on your request must be equal to, or greater than, the may be receiving amounts that are not subject to withholding because value of the requested transaction, and the guarantee must have they are excluded from gross income. This withholding procedure may unlimited effectiveness. result in excess withholding on the payments. A Notary Public is NOT an eligible guarantor. **B. State Withholding** • Your state of residence will determine There may be other circumstances in addition to those listed above your state income tax withholding requirements, if any. Those that require a Medallion Signature Guarantee. Please contact us at states with mandatory withholding may require state income (800) 445-9469 if you have guestions about these requirements. 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 Medallion Signature Guarantee Stamp 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 Name of Institution from my retirement account distribution withheld for state income taxes (For Voluntary States Only). \$ _ Signature of Authorized Officer Date 8. Authorization Send Completed Application and Check to I certify that I am the Participant authorized to make these elections By regular mail: By express mail or and that all information provided is true and accurate. I further certify Longleaf Partners Funds overnight courier: that the Custodian, the Sponsor, or the agent of either of them has c/o BNY Mellon **Longleaf Partners Funds** given no tax or legal advice to me and shall be indemnified and held P.O. Box 9694 c/o BNY Mellon harmless, for any tax, legal or other consequences resulting from Providence, RI 02940-9694 4400 Computer Drive my election(s). I expressly assume responsibility for any adverse Westborough, MA 01581 consequences which may arise from the election(s). The Custodian is (800) 445-9469 hereby authorized and directed to distribute funds from my account in the manner requested. I have read and understand and agree to be Items delivered to the P.O. Box are not deemed "received" until they legally bound by the terms of this form. arrive at BNY Mellon for processing. Time critical items requiring proof of receipt should be sent to the Westborough, MA address. 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