

Account Application

Federal law requires Longleaf to obtain, verify, and record information that identifies each person who opens an account.

What This Means For You ▪ When you open an account, we will ask your name, street address, date of birth, U.S. Social Security number, and may ask for other information to identify you, as well as a copy of identifying documents. If the account is being opened on behalf of a trust, corporation, partnership, or other entity, we require information about individuals with authority over the account and certified copies of organizational documents.

We can NOT open your account if you fail to complete information marked as "REQUIRED." Your account may be closed if we are unable to verify your identity in which case you will receive proceeds based on the next calculated net asset value of the Fund(s) in which you invested. We may also report a failure to verify your identity to federal authorities in accordance with applicable law.

.....

I. Account Registration ▪ (Select One)

PLEASE PRINT. Remember to complete the signature section on the last page. **DO NOT USE THIS FORM FOR IRA ACCOUNTS.** Applicants must be a U.S. resident with a U.S. Social Security Number (The Funds generally do not accept foreign accounts).

Individual or Joint Tenants with Rights of Survivorship
(unless otherwise noted)

Owner's Name (First, Initial, Last) – Required

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

Date of Birth (mm/dd/yyyy) – Required

Joint Owner's Name (First, Initial, Last) – Required

Joint Owner's U.S. Social Security Number – Required

Date of Birth (mm/dd/yyyy) – Required

Gift/Transfer to Minor (UGMA/UTMA)

Adult Custodian's Name (One Name Only. First, Initial, Last) – Required

Custodian's U.S. Social Security Number – Required

Date of Birth (mm/dd/yyyy) – Required

Minor's Name (One Name Only. First, Initial, Last)

Minor's State of Residence

Minor's U.S. Social Security Number

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

Entity

▪ **REQUIRED FOR LEGAL ENTITIES:**

The attached Certification of Beneficial Owner(s) form must be completed by the person opening a new account on behalf of a corporation, limited liability company, a general partnership, or other entity that is created by a filing of a public document with a Secretary of State or similar office.

Check type below:

▪ **REQUIRED:** You must send the documentation specified for your entity type with this application, or there will be a delay in establishing your account.

Trust ▪ A copy of the pages of the trust agreement containing the name and date of the trust and the names and signatures of the trustees.

C Corporation ▪ Certificate of Good Standing obtained from the Secretary of State of the state of incorporation or a copy of the Articles of Incorporation.

S Corporation ▪ Certificate of Good Standing obtained from the Secretary of State of the state of incorporation or a copy of the Articles of Incorporation.

Partnership ▪ A copy of the complete partnership agreement.

ERISA Plan ▪ No additional documents required.

Governmental Agency or Instrumentality

Other ▪ A copy of the entity's organizational documents.

Name of Entity – Required

Entity's U.S. Tax ID – Required

Name of Trustee or Authorized Signer – Required

Trustee or Authorized Signer's U.S. Social Security Number – Required

Trustee or Authorized Signer's Date of Birth (mm/dd/yyyy) – Required

Trustee or Authorized Signer's Street Address – Required

Trustee or Authorized Signer's City, State, Zip – Required

Additional Trustee or Authorized Signer

Additional Trustee or Authorized Signer's U.S. Social Security Number – Required

Additional Trustee or Signer's Date of Birth (mm/dd/yyyy) – Required

Additional Trustee or Authorized Signer's Street Address – Required

Additional Trustee or Authorized Signer's City, State, Zip – Required

2. Owner's Street Address

Street (P.O. Box Not Acceptable) – Required

Other Information (Suite, Attention, Etc.)

City, State, Zip – Required

Daytime Phone

Evening Phone

Email Address

3. Joint Owner's Street Address
(If different than owner's address)

Street (P.O. Box Not Acceptable) – Required

Other Information (Suite, Attention, Etc.) – Required

City, State, Zip

()

()

Daytime Phone

Evening Phone

Email Address

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

P.O. Box or Alternate Street

Other Information (Suite, Attention, Etc.)

City, State, Zip

5. Initial Investment ▪ (\$10,000 Minimum Per Fund)

A07 PF 133 Partners Fund	\$
A07 SC 134 Small-Cap Fund	\$
A07 IN 136 International Fund	\$
A07 GL 137 Global Fund	\$
Total Investment	\$

Check ▪ Make payable to Longleaf Partners Funds and send to the address on the last page of this form. The Funds do not accept third-party checks or checks drawn on foreign banks.

Wire ▪ Prior to wiring funds, call (800) 445-9469 for information on establishing a new account. After obtaining your new account number, wire as follows:

Bank of New York Mellon

New York, NY

ABA# 011001234

DDA# 0000733156

Identify the Fund:

A07 PF 133—Partners

A07 SC 134—Small-Cap

A07 IN 136—International

A07 GL 137—Global Fund

For further credit to: Your name as registered on the account

Your Longleaf account number

BNY Mellon will not process wire transfers without Fund identification and Longleaf account number.

6. Cost Basis Election

IRS regulations require us to report cost basis information when you redeem shares purchased after January 1, 2012.

If you do not make an election, our default Method of FIFO (First In, First Out) will be applied to your account.

Please select one of the following cost basis calculation and depletion methods:

<input type="checkbox"/> ACSC (Average Cost Single Category)	Shares are depleted on a first in, first out basis with the cost basis calculated by taking the shares redeemed multiplied by the average cost per share.
<input type="checkbox"/> FIFO (First In, First Out)	Oldest shares purchased are first redeemed.
<input type="checkbox"/> LIFO (Last In, First Out)	Most recent shares purchased are first redeemed.
<input type="checkbox"/> HIFO (Highest Cost In, First Out)	Shares with highest cost basis are first redeemed.
<input type="checkbox"/> LOFO (Lowest Cost In First out)	Shares with lowest cost basis are first redeemed.
<input type="checkbox"/> HILT (Highest Cost Long Term In, First Out)	Will redeem the long-term highest cost available shares first.
<input type="checkbox"/> HIST (Highest Cost Short Term In, First Out)	Will redeem the short-term highest cost available shares first.
<input type="checkbox"/> LILT (Lowest Cost Long Term In, First Out)	Will redeem the long-term lowest cost available shares first.
<input type="checkbox"/> LIST (Lowest Cost Short Term In, First Out)	Will redeem the short-term lowest cost available shares first.
<input type="checkbox"/> Specific Lot Depletion*	The lot to be depleted is specifically chosen by you at the time of redemption.

*If you do not include your specific lot selections at the time of redemption, FIFO will be applied to your transaction.

7. Dividends and Capital Gains Payments

All distributions will be reinvested in additional shares unless indicated below.

- Pay all capital gains *in cash*.
- Pay all dividends *in cash*.

8. Bank Instructions

Complete the following information to allow assets to transfer electronically between your bank checking account and the Funds.

Bank Name, City, State _____

ABA Routing # _____ Account # _____

Name(s) On Account _____

Please Attach A Voided Check - Required

9. Electronic Asset Transfer Options

You must complete Section 7 and 8 of this application. Select the electronic transfer options to use to have redemptions and other distributions sent directly to your bank checking account. If no option is selected, transfers will be sent by ACH. Send redemptions by (choose one):

- Fed Wire or ACH

If you have elected dividends and/or capital gains to pay in cash under Section 7, choose one of the following methods:

- Fed Wire or ACH

10. Automatic Investment Plan

You must complete Section 8 of this application. The minimum automatic investment is \$100 per transaction. Bank transfers will be processed on or about the beginning investment date specified below and usually become active 20 business days after your request is processed.

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):

- Monthly _____ (MM/DD/YY)
- Quarterly _____
- Semi-Annually _____
- Annually _____

11. Telephone Transaction Options

Unless declined, the telephone options will be on your account. Purchases, redemptions and exchanges can be made by telephone. Once initiated, telephone transactions can not be canceled.

Do Not Add Telephone Purchase

Purchases can be made by telephone to an existing account and added to your account on the first business day following your call. Purchases CAN NOT be made on the same day you call. Purchases will be deducted from your checking account by electronic transfer. **This option requires you to complete Section 8 of this application.**

Do Not Add Telephone Redemption

You can redeem up to \$100,000 per Fund over the telephone. Larger redemptions must be in writing and require a Medallion Signature Guarantee. Telephone redemptions can be sent only to the existing address of record or bank instructions on your account.

Do Not 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 in writing and require a Medallion Signature Guarantee.

12. Duplicate Statements/Courtesy Copy

Send a copy of my account statements to:

Name (First, Initial, Last)

Company Name

Street or P.O. Box Number

City, State, Zip

13. 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

14. Signature ▪ Required by each owner

BY SIGNING THIS APPLICATION, I CERTIFY THAT:

1. I have received and read the prospectus for the Fund and I agree to its terms. I have the authority and legal capacity to purchase mutual fund shares, am of legal age and believe each investment to be suitable for me.
2. I understand that this Fund is not a bank, and Fund shares are not backed or guaranteed by any bank nor insured by the FDIC.
3. I ratify any instructions, including telephone instructions, given on this account. I understand that the Fund(s) or BNY Mellon will employ reasonable procedures to verify my identity and to confirm the genuineness of my instructions. I agree that neither the Fund(s) nor BNY Mellon will be liable for any loss, cost, or expense for following the Funds' anti-money laundering

procedures and/or following reasonable procedures designed to prevent unauthorized transactions. For entities, the following persons are, and will continue to be, authorized signers for this account unless the Fund receives instructions to the contrary. At least _____ (insert #) authorized signature(s) are required to execute transactions. If left blank, one authorized signer may execute transactions.

STATE UNCLAIMED PROPERTY LAW DISCLOSURE

- The assets in your custodial account are subject to state unclaimed property laws which provide that if no activity occurs in your account within the time period specified by the particular state law, your assets must be transferred to the appropriate state. We are required by law to advise you that your assets may be transferred to an appropriate state in compliance with these state laws.

UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

1. I am a U.S. person, and
2. The number shown on this form is my correct social security number or taxpayer identification number, and
3. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
4. The FATCA code(s) entered below (if any) indicating that I am exempt from FATCA reporting is correct.

CROSS OUT ITEM 3, ABOVE, AND CHECK HERE IF YOU ARE SUBJECT TO BACKUP WITHHOLDING.

EXEMPTION FROM FATCA REPORTING CODE (if any)_____

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Signature of Owner/Authorized Signer Date (mm/dd/yyyy)

Print Name

Signature of Joint Owner/Authorized Signer Date (mm/dd/yyyy)

Print Name

Additional Authorized Signer Date (mm/dd/yyyy)

Print Name

Send Completed Application and Check 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