

Retirement Account Application

Important Information About Procedures for Opening a New Account

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.

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.

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

I am a U.S. resident with a U.S. Social Security Number.

1. Account Registration

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

Owner's Tax ID or U.S. Social Security Number – Required

Date of Birth (mm/dd/yyyy) – Required

2. Owner's Street Address

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

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

City, State, Zip – Required

Daytime Phone – Required

Evening Phone – Required

Email Address – Required

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

P.O. Box or Alternate Street

Other Information (Suite, Attention, Etc.)

City, State, Zip

4. Account Type ▪ Choose one of the options below

- Traditional IRA
- Rollover IRA
- Roth IRA, Year Roth was opened _____
- SEP IRA _____
Name of Company Employer

Must include a copy of the Employer's 5305-SEP.

5. Contribution Type

This IRA will be funded with the following type of contribution (select one):

** Note: The minimum initial investment is \$10,000 per Fund.*

- Transfer of Traditional, Roth or SEP IRA held at another institution
- Rollover from a Traditional, Roth or SEP IRA
- Rollover from a Qualified Employer Plan – attach Copy of Rollover Certification form from Employer
- Qualified Rollover Conversion from a Qualified Employer Plan to a Roth IRA – attach Copy of Rollover Certification form from Employer
- Conversion of my Longleaf Traditional IRA to a Longleaf Roth IRA – attach Roth IRA Conversion form
- Regular contribution for noted tax year _____
**Note: The minimum initial investment is \$10,000 per Fund. As this minimum exceeds the annual contribution limit for a IRA. Initial investment must also be funded by a transfer or rollover.*
- SEP employer contribution

6. Initial Investment • \$10,000 minimum per Fund

Note: The funds do not accept third-party checks or checks drawn on foreign banks.

Partners Fund (#133)	\$ _____
Small-Cap Fund (#134)	\$ _____
International Fund (#136)	\$ _____
Global Fund (#137)	\$ _____
Total Investment	\$ _____

The minimum initial investment of \$10,000 for each Fund must be satisfied primarily by transferring assets from another IRA, converting a Traditional IRA to a Roth IRA, or by rolling over assets from another IRA or qualified retirement plan.

7. Dividends and Capital Gains Payments

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

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

8. Bank Instructions

Please complete the following information if you would like assets transferred 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. Telephone Exchange ▪ \$10,000 Maximum

Telephone exchanges of up to \$100,000 per Fund 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.

10. Beneficiary Designation

Note: The 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 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.

Participant’s Designation: In the event of my death, I hereby designate the following individuals as the Primary and Contingent Beneficiary(ies) to receive all benefits that may become due and payable under my IRA. If I name a beneficiary that is a Trust, I understand that I must provide certain information concerning the Trust to the Custodian.

Beneficiary Primary

Note: The share percentage must equal 100% for all Primary and Contingent Beneficiaries.

Name

U.S. Social Security Number Date of Birth (mm/dd/yyyy)

Relationship % of Assets

Beneficiary Primary or Contingent

Name

U.S. Social Security Number Date of Birth (mm/dd/yyyy)

Relationship % of Assets

Beneficiary Primary or Contingent

Name

U.S. Social Security Number Date of Birth (mm/dd/yyyy)

Relationship % of Assets

Beneficiary Primary or Contingent

Name

U.S. Social Security Number Date of Birth (mm/dd/yyyy)

Relationship % of Assets

I consent to the Beneficiary Designation.

Signature of Spouse Date (mm/dd/yyyy)

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.

11. Duplicate Statements

Please send a copy of my account statements to:

Name (First, Initial, Last)

Company Name

Street or P.O. Box Number

City, State, Zip

12. 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

13. Signature • Required

Terms and Conditions

I, the Participant, acknowledge receiving and reading the Traditional and Roth IRA Application and Adoption Agreement Instructions, the Traditional IRA and Roth IRA Combined Disclosure Statement, the Traditional IRA Custodial Account Agreement, the Roth IRA 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. 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 agree that this IRA becomes effective only upon written acceptance by the Custodian and that such written acceptance will consist of a confirmation of transaction statement.

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 IRA Account to another custodian. I agree that the Agreement is binding on me and my successors in interest.

Each contribution to my IRA will be invested in accordance with the written instructions I provide with respect to that contribution. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a) (5)- 1T of the IRS regulations, to treat this contribution as a rollover contribution

I direct that all benefits upon my death be paid as indicated on the beneficiary designation. If I named a beneficiary that is a Trust, 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 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 is my Taxpayer Identification Number, and (iii) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

EXEMPTION FROM FATCA REPORTING CODE (if any) _____

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.

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.

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.

IRA Custodian:

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

**** This form must be returned with an initial investment, a transfer of assets form, or a Rollover certification form from former Employer.*

Signature of Owner – Required

Date (mm/dd/yyyy)