

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

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 or a transfer of assets form.*

Signature of Owner – Required

Date (mm/dd/yyyy)