# MANNING & NAPIER FUND, INC. **NON-IRA ACCOUNT APPLICATION**



MANNING & NAPIER FUND, INC.

P.O. Box 534449

Pittsburgh, PA 15253-4449

1-800-466-3863

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I. PARTICIPANT INFORMA	ATION – Please Pr	int		
Primary Contact Name(s)				
( )		(		
Daytime/Cell Phone		Evening/	Alternate Phone	
Street Address (PO Box not pe	ermitted)			
City	Sta	te	Zip	
Mailing/PO Box Address or Pre	evious Address if y	ou have moved within th	ne last 3 months	
City	Sta	te	Zip	
The account being opened is	: Taxable	☐ Non-Taxable		
II. ELECTRONIC DELIVER Please choose which documen stored online for easy viewing	nts you would like t			ay. All information will be securely to you by U.S. mail.
Email Address (Please print cle	early):		_	
I would like to receive the follow	wing documents vi	a eDelivery:		
All available Fund docume	ents (or) select fr	om the documents below	v:	
Prospectuses/Supplemen	ts 🗌 Annual	and Semi-Annual Repor	ts 🔲 Tax Forms	
Quarterly Statements*	☐ Transac	ction Confirmation Stater	ments*	
*Please note: eDelivery of state shares through a financial insti				your Manning & Napier Fund, Inc. e available to you.
prospectuses, supplements, a	nnouncements and nental waste, the v	d annual / semi-annual rolume of mail you recei	reports to multiple shareholde ve from us and provides cost	shareholder documents including ers who share the same address. benefits to shareholders through the box below.
No, I do not wish to partic	cipate in househol	ding.		
IV. TYPE OF ACCOUNT -	Please select one	)		
☐ Individual Account:				
First Name	M.I.	Last Name	Suffix	If Married, Maiden Name
Social Security Number		Date of Birth		
☐ Joint Account: Joint own	ership means joint	tenants with rights of su	rvivorship, unless otherwise s	specified.
(Primary) First Name	M.I.	Last Name	Suffix	If Married, Maiden Name
(Primary) Social Security Num	ber	Date of Birth		
(Joint) First Name	M.I.	Last Name	Suffix	If Married, Maiden Name
(Joint) Social Security Numb	er	Date of Birth		

					Custodian for
(Custodian) First Name	M.I.	Last Name	If Married under the	, Maiden Name	
(Minor) First Name	M.I.	Last Name		(State)	
Uniform Gifts/Transfers to Minor	rs Act.				
Minor's Social Security Number		Minor's Date of Birth			
Custodian's Social Security Nur	nber	Custodian's Date of	Birth		
Retirement Account: Complete the Authorizing Resol	ution Form at the	end of this application an	d provide a copy of your Pla	an's Adoption Agr	reement.
Is this a government entity?	Yes No				
Retirement Plan Name			Tax ID Number (Rec	quired)	
1.					
Trustee Name	Soc	cial Security Number	Date of Birth		
Street Address (PO Box not per	mitted)				
City	Sta	te	Zip		
2.	3		<b>—</b> .p		
Trustee Name	Soc	cial Security Number	Date of Birth		
Street Address (PO Box not per	mitted)				
City	Sta	te	Zip		
*If there are additional Trustees	, please provide t	heir information on a sepa	rate sheet of paper.		
Trust Account: (Non Corp Complete the Authorizing Resol					
Are the beneficiary(ies) the same	e individual(s) as	the trustee(s)?	☐ No		
Trust Name					
Tax ID Number (Required)	Tru	st Date			
1.					
Trustee Name	Soc	cial Security Number	Date of Birth		
Street Address (PO Box not per	mitted)				
City	Sta	te	Zip		
2.					
Trustee Name	Soc	cial Security Number	Date of Birth		
Street Address (PO Box not per	mitted)				
City	Sto	to	7in		

<sup>\*</sup>If there are additional Trustees, please provide their information on a separate sheet of paper.

			addition, for persons ope	ening an account on behalf of a	
Indicate type (required):	S-Corp C-C	Corp  LLC	Partnership [porate Trustee)	Sole Proprietorship Other:	
Is this a government enti	ty? 🗌 Yes 🗌 No				
Entity Name			Tax ID N	lumber (Required)	
				requires financial institutions to veri ntity that opens an account.	fy
this account unless they a legal entity includes a similar business entity for	are also listed on the Autho corporation, limited liability ormed in the United States	orizing Resolution Form a company, a general par . For a sole proprietorshi	at the end if this applicat tnership, trust with a Co ip or unincorporated ass	ave any authority or be able to act o tion. For the purposes of this section orporate Trustee, non-profit and an sociation, you may skip this section ilar identification number and count	n, ny n.
1. First Name	Middle Name	Last Name	Suffix	If Married, Maiden Name	
riist Name	Wildle Name	Last Name	Julix	ii Marileu, Malueri Name	
Social Security Number	or other similar ID number	Date of Birth			
Residential or Business	Street Address (PO Box no	ot permitted)			
City		State	Zip	Country	
Do you own, directly or in	ndirectly, 25 percent or mo	re of the equity interests	of the legal entity listed	above? 🗌 Yes 🗌 No	
Do you have significant r	esponsibility for managing	the legal entity listed abo	ove? 🗌 Yes 🔲 N	lo	
If yes, choose one (re	equired):				
	nief Executive Officer, Chie t, Vice President, Treasure		. •	aging Member, General Partner,	
☐ I regularl	y perform similar functions.				
2.					
First Name	Middle Name	Last Name	Suffix	If Married, Maiden Name	
Social Security Number	or other similar ID number	Date of Birth			
Residential or Business	Street Address (PO Box no	ot permitted)			
City		State	Zip	Country	
Do you own, directly or in	ndirectly, 25 percent or mo	re of the equity interests	of the legal entity listed	above? 🗌 Yes 🗌 No	
Do you have significant r	esponsibility for managing	the legal entity listed abo	ove? 🗌 Yes 📗 N	lo	
If yes, choose one (re	equired):				
	nief Executive Officer, Chie t, Vice President, Treasure			aging Member, General Partner,	
	y perform similar functions.	•			

If there are additional Beneficial Owners, please complete the Legal Entity Beneficial Ownership Certification Form.

## **V. SELECT YOUR INVESTMENT**

Please select the Series and enter the amount or percentage (percentages must equal 100%) of investment for each Series. The minimum initial investment is \$2,000 per Series, unless otherwise indicated. The minimum is waived if you sign up for the Automatic Investment Plan in Section XIV.

SERIES			SHARE	CLASS			PERCENTAGE OR
S2.W25	Α	S (2)	I (1)	R (2)	L (2)	Z (1)	AMOUNT
Lifestyle Mutual Funds							
Pro-Blend Conservative Term		104	204	□ 504	□ 304		% \$
Pro-Blend Moderate Term		101	201	<u></u> 501	□ 301		% \$
Pro-Blend Extended Term		<u> </u>	202	<u> </u>	□ 302		% \$
Pro-Blend Maximum Term		<u> </u>	205	<u></u> 505	305		% \$
Stock Mutual Funds							
Disciplined Value		226				<u> </u>	% \$
Equity (2)		122					% \$
Callodine Equity Income		145				1145	% \$
Foreign Mutual Funds							
Overseas		221				<u> </u>	% \$
Rainier International Discovery		265				<u> </u>	% \$
Taxable Bond Mutual Funds							
Core Bond		<u> </u>				<u> </u>	% \$
Credit Series		<u> </u>	<u>244</u>				% \$
Unconstrained Bond		<u> </u>	224				% \$
Tax Exempt Mutual Funds							
Diversified Tax Exempt	<u> </u>						% \$

- 1 For Institutional clients only. The minimum initial investment on I and Z shares is \$1,000,000.
- 2 These classes carry distribution (12b-1) and servicing fees, except for the Equity Series (Fund 122). Please see, "Choosing a Share Class" in the Series' prospectus.

VI. FUNDING OPTIONS
The Fund will not accept cash, third party checks, starter checks, traveler's checks, credit card checks or money orders.
I (We) will invest with a check (payable to: Manning & Napier Fund, Inc.) Amount: \$ Check is enclosed
I (We) instruct you to process a one-time draft (ACH) purchase into the account. Amount: \$
I (We) will send a bank wire from: Bank Name: . Amount: \$
Note: You must return this completed application to the Fund in advance of the wire. Upon receipt, we will contact you with wire instructions.
Transfer from an existing account with the Fund. (I have attached a Non-IRA Transfer Form).  Approximate Amount: \$ Account Number:
Transfer from another investment. (I have attached a Non-IRA Transfer Form). Approximate Amount: \$
Automatic Investment Plan. Please complete the Automatic Investment Section of this application in Section XIV.
Payroll Deduction Program. Your company must participate in this program. Please complete a Payroll Deduction Form.
VII. DIVIDEND AND CAPITAL GAINS DISTRIBUTIONS
All distributions will be reinvested unless otherwise indicated. These elections will apply to all Fund Series selected.
Dividends Check one: Reinvest EFT to bank* Mail check to address of record
Capital Gains Check one:
*Note: If you choose to have distributions sent by EFT to your bank account, please complete the Banking Information section in Section XIII.
VIII. COST BASIS METHODOLOGY
Pursuant to changes in federal law, Manning & Napier Fund, Inc. is responsible for tracking and reporting to the Internal Revenue Service (IRS) the gains and losses that you realize when you sell "covered shares". In general, these are shares that you acquire on or after January 1, 2012. Please note that this reporting obligation of the Fund does not relieve you of your responsibility to report, when sold, the cost basis of non-covered shares (i.e., shares that were purchased prior to January 1, 2012) to the IRS.
In order for us to determine the gain or loss when you redeem covered shares, the "cost basis" must be known for those shares. The cost basis is the value of each share at the time you acquired it. The law requires the Fund to select a default method to determine your cost basis.
The Fund uses <b>Average Cost</b> as the default method. Under this method, the Fund will calculate the total cost of all covered shares in your account and divide that cost by the total covered shares in your account; this will determine the cost basis for the shares that you are redeeming.
If you would like to select a different cost basis methodology, you are able to do so at this time by selecting from the following choices:
Average Cost Specific Lot Identification First In, First Out
☐ Last In, First Out ☐ Highest Cost In, First Out ☐ Lowest Cost In, First Out
☐ Highest Cost Long Term In, First Out ☐ Highest Cost Short Term In, First Out ☐ Lowest Cost Long Term In, First Out
Lowest Cost Short Term In, First Out
Should you decide to elect one of the methodologies listed above, your election is good for all future transactions unless you either revoke or change the standing election. Please note that updating your election either to or from Average Cost must be done in writing. We strongly encourage you to consult your tax advisor to determine which cost basis method best suits your specific situation so that you are able to achieve your desired
<u>results.</u>
When you redeem shares from your account, you will deplete shares and calculate the cost basis on those shares according to your Cost Basis Method Election. If you do not designate the cost basis reporting method to be used prior to or at the time of your redemption, the trade will be processed using our default of Average Cost.
IX. TELEPHONE / ONLINE SERVICES The Telephone / Online Redemption and Telephone / Online Purchase services require that your purchases be invested at least ten (10) business days before shares may be sold.
<u>Telephone / Online Redemptions:</u> <u>Unless otherwise indicated below, you will automatically receive the Telephone / Online Redemption privileges, which allow you (or your Authorized Representative) to sell shares and have the proceeds sent to your address of record for amounts of \$100,000 or less OR to the bank account designated on Page 8 by wire or Automated Clearing House (ACH).</u>
I do not want the Telephone / Online Redemption privileges
Telephone / Online Purchases from your Bank: Unless otherwise indicated below, you will automatically receive the Telephone / Online Purchase privileges from your Bank if you provide your banking information in Section XIII. This feature allows you (or your Authorized Representative) to purchase shares in the Manning & Napier Fund by telephone or online (www.manning-napier.com). We will debit your bank account designated in Section XIII. Your bank must be a member of the ACH in order to use this service.
I do not want the Telephone / Online Purchase privileges from my Bank
<u>Telephone / Online Exchanges:</u> Unless otherwise indicated below, you will automatically receive the Telephone / Online <b>Exchange privileges</b> , which allow you (or your Authorized Representative) to make exchanges between Manning & Napier Fund Series by telephone or online (www.manning-napier.com).
☐ I do not want the Telephone / Online Exchange privileges

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### X. TRUSTED CONTACT PERSON

By choosing to provide information about a trusted contact person, you authorize the Fund's Distributor and its affiliates to contact the person(s) listed below and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm your current contact information, health status, or identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

\*Note: A trusted contact person must be 18 years or older. Naming a person below does not authorize the individual to transact business on your behalf or make changes to your account.

1.				
Name – First, Middle, Last Name		Re	elationship to Owner / 0	Co-Owner
Address	City	State	Zip	
( )	(	)	·	
Daytime/Cell Phone	Evening/	Alternate Phone		
Email Address				
2.				
Name – First, Middle, Last Name		Re	elationship to Owner / 0	Co-Owner
Address	City	State	Zip	
( )	(	)		
Daytime/Cell Phone	Evening/	Alternate Phone		
Email Address				
*Note: Naming an individual below does not Authorized Individual(s):	authorize the individual to tr		f or make changes to	your account.
1.				
2.				
XII. DUPLICATE STATEMENTS Send duplicate statements to:				
Name	Company			
Address	City	State	Zip	
2.	•		·	
Name	Company			
Address	City	State	Zip	
3.				
Name	Company			
Address	City	State	Zip	

Non-IRA 9.2024 Questions? Please call Manning & Napier Fund, Inc. at 1-800-466-3863.

### **XIII. BANKING INFORMATION**

By providing us with your bank information, we will be able to send your assets to and from your bank account upon your request. The owner(s) of the bank account should match the owner(s) of this account. Please provide your bank information below and attach a voided check. If bank instructions are not provided at this time, you will be required to provide a notarized Account Maintenance form to add bank instructions to your account at a later time. In lieu of a notary stamp, a voided check may be accepted. Please allow up to 15 business days for your banking information to be verified.

Your Bank's WIRE Instructions:	Your Bank's ACH Ins	structions:	
Bank Name:	me: Bank Name:		
WIRE Routing/ABA Number:	r: ACH Routing/ABA Number:		
Account Name to Reference:	ce: Your Account Number at Bank:		
Account Number (for wires):	Name on Bank Account:		
Bank Address (city, state):	ber:		
Reference Information:(usually your account number or account name at bank)	Clearing House (ACH	k must be a member of the Automated ) and Federal Reserve in order for you to nds Transfer services. Please attach a	
ATTACH VOID	DED CHECK HERE	=	
XIV. AUTOMATIC INVESTMENT PLAN			
<ul> <li>The initial investment is reduced to \$25 in each fund</li> <li>The minimum subsequent investment is \$25 in each</li> <li>We will establish your banking instructions using the</li> </ul>	fund.		
I would like to automatically invest from my bank account to m not indicate a frequency, then we will default to monthly.	y Manning & Napier Fund, Inc. a	ccount on the following basis. If you do	
☐ Monthly ☐ Quarterly ☐ Semi-Annually	☐ Annually		
My contribution to the funds marked below will take place on the (i.e. April). I understand that if I do not indicate a date of the metalls on a weekend or a holiday, I understand that my investment to next month if the begin date coincides with the verification of banking information to be verified.	onth, the purchase will default to ent will be processed the next bu	the 15 <sup>th</sup> of the month. If the date I select siness day. My first draft may be delayed	
Name of Fund Series and purchase amount:			
Fund Name:	Purchase Amount: \$	(\$25 minimum per Fund Series)	
Fund Name:	Purchase Amount: \$	(\$25 minimum per Fund Series)	

Fund Name: \_\_\_\_\_\_ Purchase Amount: \$\_\_\_\_\_\_ (\$25 minimum per Fund Series)

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### **XV. TERMS AND CONDITIONS**

I certify, to the best of my knowledge, that the information contained in this document is complete and correct.

I certify that I have received and read the current prospectus of the Manning & Napier Fund Series in which I am investing.

I certify that I have the authority and legal capacity to make this purchase in accordance with the terms and conditions set forth in this application and the prospectus, and that I am of legal age in my state of residence.

I understand that this application is subject to acceptance by Manning & Napier Investor Services, Inc. the Fund's distributor and by its transfer agent.

I agree to read the prospectus for any Manning & Napier Fund Series into which I may request an exchange in the future. I understand that the terms, representations, and conditions in this application and the prospectus, as amended from time to time will apply to this account and any account established at a later date.

I authorize the Fund and its agents to act upon instructions (by phone, in writing, or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Fund nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine.

I authorize the Fund and its agents to issue credits to and make debits from the bank account set forth on this application. I agree that Manning & Napier Fund and its agents and affiliates shall be fully protected in honoring any such transaction request. I also agree that Manning & Napier Fund may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. I agree that if I submit bank information that is for a bank that does not participate in the Automated Clearing House (ACH) or provide information for a non-bank account, Manning & Napier will price my purchases at the net asset value next determined after it receives good funds.

I authorize the Fund and its agents to deliver the selected documents set forth on this application by email (eDelivery). I understand that when a new document is available, Manning & Napier Fund, Inc. will send me an email notifying me where these documents can be viewed and printed. This consent is effective immediately and will remain in effect until I revoke it. I may revoke my consent or request paper copies of any documents Manning & Napier Fund, Inc. is required to deliver to me at any time for no additional charge. I will notify Manning & Napier Fund, Inc. promptly of any change to my email address. I understand that if Manning & Napier Fund, Inc. cannot obtain a valid email address, documents may be delivered to me by US mail. I have Internet access and an email address to receive documents electronically (plus a printer or other device to print or save documents I may wish to retain). eDelivery is free, but Internet access and telephone charges may apply.

I understand that unless the boxes declining telephone/online exchanges and/or telephone/online redemptions by mail privileges are checked, I will be considered to have authorized telephone/online exchanges and telephone/online redemptions by mail from my account.

We are required to notify you that current laws may provide for the transfer of your property from the account to the appropriate state if no activity occurs in the account within the time period specified by state law.

If a Representative is listed below, I acknowledge and agree that the Representative will have the ability to effect transactions and maintenances in my account on my behalf, including by telephone. If I am no longer utilizing the services of this Representative, I understand that I must contact the Fund in order for the Representative to be removed from the account. I understand that the share class I am invested in may be exchanged for the most suitable and least expensive share class available to me.

I understand that Manning & Napier is authorized in its sole discretion to record any telephone or other communications relating in any way to the account.

I understand that the Manning & Napier Fund, Inc. Series are not being offered or provided on behalf of the federal government, and the offer is not sanctioned, recommended, or encouraged by the federal government.

#### Substitute W-9 - Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number, and
- 2. 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

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- c. The IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions found at www.irs.gov).
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X			
Signature – Individual or Custodian	Print Name	Date	
X			
Signature – Joint Registrant (if applicable)	Print Name	Date	
X			
Signature – Corporate Officer, Trustee or Partner	Print Name	Date	
X			
Signature – Corporate Officer, Trustee or Partner	Print Name	Date	

Firm Name	Firm Number	
Representative's Name	Rep. Number	
( )		
Telephone Number	Branch Number	
Branch Address		
If applicable, please provide the name of the M	anning & Napier Representative working with you:	

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information about each person who opens an account. Your information will be reviewed against independent sources for accuracy and consistency. If in our opinion the information does not provide for adequate identity verification, we reserve the right to reject the establishment of your account. Your information will not be shared except as permitted or required by law and the Fund's privacy policy.

Mail the completed application to: Standard Mail

XVI. DEALER OR ADVISOR DESIGNATION

Manning & Napier Fund, Inc. P.O. Box 534449 Pittsburgh, PA 15253-4449

**Overnight Mail** 

Manning & Napier Fund, Inc. Attention: 534449

500 Ross Street, 154-0520 Pittsburgh, PA 15262

If you are attaching an investment check, please make your check payable to: Manning & Napier Fund, Inc.

If you have any questions about the Account Application, or if you need additional forms, please call 1-800-466-3863. Manning & Napier Investor Services, Inc. is the distributor of the shares of the Manning & Napier Fund, Inc.

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