

**MANNING & NAPIER FUND, INC.**  
**SIMPLE INDIVIDUAL RETIREMENT ACCOUNT (IRA)**  
**APPLICATION AND ADOPTION AGREEMENT**



MANNING & NAPIER FUND, INC.

P.O. Box 534449

Pittsburgh, PA 15253-4449

1-800-466-3863

**I. PARTICIPANT INFORMATION – Please Print**

Prefix First Name M.I. Last Name Suffix If Married, Maiden Name  
( ) ( ) ( )

Daytime Telephone Evening Telephone Cell Phone

Street Address (required)

City State Zip

Social Security Number Date of Birth

U.S. Citizen  Resident Alien

Mailing/PO Box Address or Previous Address if you have moved within the last 3 months

City State Zip

**II. EMPLOYER INFORMATION - Attach a copy of the employer's 5304-SIMPLE Form or Prototype Adoption Agreement. If your employer does not currently have a form 5304-SIMPLE, please have your employer complete the sample form 5304-SIMPLE provided with this application.**

( )  
Employer Name Daytime Telephone Date First Participated in the Plan

Address City State Zip

**III. FUNDING OPTIONS**

Transfer from a SIMPLE IRA Approximate amount of transfer: \$ \_\_\_\_\_

Rollover from a SIMPLE IRA Approximate amount of rollover: \$ \_\_\_\_\_

Establish for Salary Deferrals Approximate amount of deferrals and frequency: \$ \_\_\_\_\_

Check made payable to Manning & Napier Fund, Inc. Amount: \$ \_\_\_\_\_  Check is enclosed  Check to follow

**IV. ELECTRONIC DELIVERY (eDelivery)**

Please choose which documents you would like to receive in a quick, convenient, and earth-friendly way. All information will be securely stored online for easy viewing and retrieval. If you do not make a selection, all documents will be sent to you by U.S. mail.

Email Address (Please print clearly): \_\_\_\_\_

I would like to receive the following documents via eDelivery:  All available documents **(or)** select from the documents below:

Prospectuses/Supplements  Annual and Semi-Annual Reports  Tax Forms

Quarterly Statements\*  Transaction Confirmation Statements\*

\*Please note: eDelivery of statements is not available on all types of mutual fund accounts. If you own your Manning & Napier Fund, Inc. shares through a financial institution, or for certain retirement plans, eDelivery of statements may not be available to you.

**V. HOUSEHOLDING**

By signing this application, you consent to Manning & Napier Fund, Inc. mailing one copy of shareholder documents including prospectuses, supplements, announcements and annual / semi-annual reports to multiple shareholders who share the same address. This service reduces environmental waste, the volume of mail you receive from us and provides cost benefits to shareholders through reduced printing and mailing expenses. If you do not wish to participate in this service, please check the box below.

No, I do not wish to participate in householding.

## VI. 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.

SERIES	SHARE CLASS						PERCENTAGE OR AMOUNT
	A	S <sup>(2)</sup>	I <sup>(1)</sup>	R <sup>(2)</sup>	L <sup>(2)</sup>	Z <sup>(1)</sup>	
<b>Lifestyle Mutual Funds</b>							
Pro-Blend Conservative Term		<input type="checkbox"/> 104	<input type="checkbox"/> 204	<input type="checkbox"/> 504	<input type="checkbox"/> 304		____% \$ _____
Pro-Blend Moderate Term		<input type="checkbox"/> 101	<input type="checkbox"/> 201	<input type="checkbox"/> 501	<input type="checkbox"/> 301		____% \$ _____
Pro-Blend Extended Term		<input type="checkbox"/> 102	<input type="checkbox"/> 202	<input type="checkbox"/> 502	<input type="checkbox"/> 302		____% \$ _____
Pro-Blend Maximum Term		<input type="checkbox"/> 105	<input type="checkbox"/> 205	<input type="checkbox"/> 505	<input type="checkbox"/> 305		____% \$ _____
<b>Stock Mutual Funds</b>							
Disciplined Value		<input type="checkbox"/> 226				<input type="checkbox"/> 1126	____% \$ _____
Equity <sup>(2)</sup>		<input type="checkbox"/> 122					____% \$ _____
Real Estate		<input type="checkbox"/> 127				<input type="checkbox"/> 1127	____% \$ _____
Callodine Equity Income		<input type="checkbox"/> 145				<input type="checkbox"/> 1145	____% \$ _____
<b>Foreign Mutual Funds</b>							
Overseas		<input type="checkbox"/> 221				<input type="checkbox"/> 1121	____% \$ _____
Rainier International Discovery		<input type="checkbox"/> 265				<input type="checkbox"/> 1165	____% \$ _____
<b>Taxable Bond Mutual Funds</b>							
Core Bond		<input type="checkbox"/> 123				<input type="checkbox"/> 1123	____% \$ _____
High Yield Bond		<input type="checkbox"/> 128				<input type="checkbox"/> 1128	____% \$ _____
Unconstrained Bond		<input type="checkbox"/> 124	<input type="checkbox"/> 224				____% \$ _____
<b>Tax Exempt Mutual Funds</b>							
Diversified Tax Exempt		<input type="checkbox"/> 109					____% \$ _____

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.

**VII. BENEFICIARY DESIGNATION**

Note: The share 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 the 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.

Primary       Contingent

Per Stirpes

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
%

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Share Percentage \_\_\_\_\_  
(      )

Address \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary       Contingent

Per Stirpes

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
%

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Share Percentage \_\_\_\_\_  
(      )

Address \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary       Contingent

Per Stirpes

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
%

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Share Percentage \_\_\_\_\_  
(      )

Address \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Custodian - Disclaimer:** The Participant's spouse may have a property interest in the account, and may also have a right to dispose of that property interest by will. Therefore, the Custodian, together with any sponsors, issuers, depositories and other persons or entities associated with the investments, specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation, or any warranty as to the ownership of the account after the death of the Participant or the Participant's spouse. For additional information, a qualified tax or legal professional should be consulted.

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**VIII. 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			Relationship to Owner
Address	City	State	Zip
( )	( )	( )	( )
Daytime Telephone	Evening Telephone	Cell Phone	
Email Address			

2.

Name – First, Middle, Last Name			Relationship to Owner
Address	City	State	Zip
( )	( )	( )	( )
Daytime Telephone	Evening Telephone	Cell Phone	
Email Address			

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**IX. ACCOUNT ACCESS AUTHORIZATION**

If you would like to authorize an individual(s) to be able to receive information on your account, please indicate their name(s) below. With your authorization, we will be able to provide information such as account balances, transaction information, and copies of statements and tax reports.

\*Note: Naming an individual below does not authorize the individual to transact on your behalf or make changes to your account.

<b><u>Authorized Individual(s):</u></b>	<b><u>Relationship to you:</u></b>
1. _____	_____
2. _____	_____

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**X. TELEPHONE REDEMPTION PRIVILEGES**

Telephone redemption privileges are permitted for most normal distributions, including RMD and early distributions without known exceptions, from an IRA, ROTH, SEP, Beneficiary/Inherited IRA or SIMPLE IRA (penalty may apply if prior to two year holding period). Certain restrictions apply. Distributions including 72t payments, permanent disability, removal of excess, recharacterization, revocation, early distribution with known exceptions and rollovers to a Qualified Plan, 403(b) or 457 must be requested in writing.

No, I do not want the ability to redeem IRA shares by telephone on this account.

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**XI. DUPLICATE STATEMENTS (Optional)**

Please send duplicate statements to:

1.

Name	Company		
Address	City	State	Zip

2.

Name	Company		
Address	City	State	Zip

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## XII. TERMS AND CONDITIONS

I, the Participant, acknowledge receiving and reading the SIMPLE IRA Application and Adoption Agreement Instructions, the Disclosure Statement, the 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. I understand that contributions to my SIMPLE IRA will be invested in accordance with the written instructions I provide with respect to that contribution. The Custodian, upon proper instructions from me, is authorized to exchange units of one Eligible Asset for units of any other Eligible Asset and to purchase units of any Eligible Asset with the proceeds of any redemption.

Article VIII, Section 23 of the Custodial Account Agreement authorizes the Custodian to take or to omit to take certain actions in the event assets or property in my SIMPLE IRA account are liquidated and the Custodian does not receive timely instructions it can reasonably or practicably carry out and I agree to said Section 23.

I hereby establish a SIMPLE IRA in accordance with the instructions provided on these pages and agree to participate under the terms and conditions contained in the Account Documents and these pages titled "SIMPLE IRA APPLICATION AND ADOPTION AGREEMENT" (the "Full Agreement"). I agree that this SIMPLE IRA becomes effective only upon written acceptance by the Custodian and that such written acceptance will consist of a confirmation of transaction statement. I also acknowledge receiving a copy of the employer plan document under which this SIMPLE IRA is established.

I agree that this SIMPLE 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 Full 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 SIMPLE IRA account to another custodian. I agree that the Full Agreement is binding on me and on my successors in interest.

**Custodial Fees:** The annual maintenance fee is currently waived. This fee is owed and due for each full and partial calendar year that the SIMPLE IRA is open. The Participant may pay the fee with funds other than those in the SIMPLE IRA ("non-custodial funds"). If the fee for a calendar year is not paid by the Participant from non-custodial funds by the date reasonably designated by the Custodian or prior to closing the SIMPLE IRA account, the Custodian is authorized to deduct the fee from funds in the SIMPLE IRA account at any time immediately after such payment due date or immediately after receiving instructions to close the SIMPLE IRA account. The Custodian is authorized to change the fee but will give at least 30 days written notice to the Participant of any fee change. The Custodian will keep those records, identify and file returns and provide other information concerning the IRA as required of custodians by the Internal Revenue Code and any regulations issued or forms adopted by the Internal Revenue Service or U.S. Treasury Department.

I understand that the telephone transaction privileges will apply to my account. If I have telephone transaction privileges, I agree that neither the Custodian, Manning & Napier Fund, Inc., nor their transfer agent, their agents, officers, trustees, directors or employees will be liable for any loss, liability or expense for acting, or refusing to act on instructions given under the telephone transaction privileges that are reasonably believed to be genuine and I accept the risk of loss. If I opt out of telephone redemption privileges I understand that I must submit my redemption request in writing including the ability to add telephone redemption privileges to my account.

I direct that upon my death benefits be paid as indicated on the beneficiary designation. If I name a Trust as beneficiary, I understand I must provide certain information concerning such Trust to the Custodian. I understand that, if I am subject to community property or marital property state requirements, my spouse may be required to consent to any beneficiary I designate who is not my spouse, or who is in addition to my spouse. I also understand that any beneficiary designation I make, other than my spouse, may not be effective without my spouse's consent. I certify, under penalty of perjury, if I am married and have not named my spouse as my sole Primary Beneficiary, I have consulted a qualified tax or legal professional about the need to document spousal consent, and about the consequences of not obtaining my spouse's consent.

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 SIMPLE 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 number is my Taxpayer Identification Number. (Foreign persons must use appropriate Form W-8)

**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.**

## MANNING & NAPIER FUND, INC. 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 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 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.

SIMPLE IRA 10.2023

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

If a Representative is listed on this application, I acknowledge and agree that the Representative will have the ability to effect transactions and maintainances 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.

**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.**

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### XIII. AUTHORIZATION

X

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**Participant's Signature**

**Date**

SIMPLE IRA Custodian: BNY Mellon Investment Servicing Trust Co., Attention: 534449, 500 Ross Street, 154-0520, Pittsburgh, PA 15262

Manning & Napier Investor Services, Inc. is the distributor of the shares of the Manning & Napier Fund, Inc.

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### XIV. DEALER OR ADVISOR DESIGNATION

 – If you do not have a Dealer or Advisor assisting you with this transaction, please leave this section blank.

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Firm Name Firm Number

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Representative's Name Rep. Number

( )

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Telephone Number Branch Number

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Branch Address

If applicable, please provide the name of the Manning & Napier Representative working with you: \_\_\_\_\_

Mail the completed application to: **Standard Mail**  
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.**