MANNING & NAPIER FUND, INC. NON-IRA TRANSFER OF ASSETS FORM



Use this form to request a Non-IRA transfer of assets from an existing non-IRA account to your account with Manning & Napier Fund, Inc. Incomplete information will result in delays in processing your request. If you need assistance completing this form, please contact Shareholder Services at 1-800-466-3863.

I. PARTICIPANT INFORMATION - Please Print						
	()					
ame Daytime Telephone						
Address						
City	State Zip					
Social Security Number/Tax ID Number	Joint Registrant Social Security Number (if applicable)					
II. RESIGNING CUSTODIAN AND ACCOUNT	INFORMATION					
Type of account being transferred: (check one)						
☐ Individual ☐ Joint ☐ UTMA/UGMA	☐ Trust/Business ☐ Other:					
Name of Resigning Custodian						
Address						
Address						
City	State Zip					
	()					
Contact Name	Telephone					
1.	\$					
Investment to Transfer	Approximate Amount of Transfer					
Account Number Share Class	CUSIP Number					
☐ Liquidate Entire Account ☐ Partial Dollar Am	nount \$ or # of Shares	☐ Transfer in Kind				
For Certificate of Deposits:						
2.	\$					
Investment to Transfer	Approximate Amount of Transfer					
Account Number Share Class	CUSIP Number					
	nount \$ or # of Shares					
	At Maturity Date:					
3.	\$					
Investment to Transfer	Approximate Amount of Transfer					
Account Number Share Class	CUSIP Number					
☐ Liquidate Entire Account ☐ Partial Dollar Am	nount \$ or # of Shares					
For Certificate of Deposits:	At Maturity Date:					

III. IN	VESTMENT INSTRUCTIONS						
Comp	elete items A, B and C.						
A.	☐ I am opening a new account and have attached the required Application.						
	Deposit the proceeds into my existing Manning & Napier Fund, Inc. account.						
B.	Type of account transferring into:						
	☐ Individual ☐ Joint ☐ UTN	Individual Joint UTMA/UGMA Trust/Business Other:					
C.	Invest as follows:						
	Fund:		Amount: \$	or Percentage:	%		
	Fund:		Amount: \$	or Percentage:	%		
	Fund:		Amount: \$	or Percentage:	%		
		To	otal Amount: \$	or Percentage: 100	<u>)</u> %		
IV. P	ARTICIPANT AUTHORIZATION						
For In	dividual, Joint, and Custodial Accoun	its:					
		X					
Print Name of Individual or Custodian		Signature	Date				
		Χ					
Print N	Name of Individual or Custodian	Signature		Date			
For T	rust, Retirement, Corporation, Busine	ss or Other Accoun	ts:				
		Х					
Print Name of Individual		Signature		Date			
		X					
Print N	Name of Individual	Signature		Date			
	The Company from which you are trainteed. Please call that institution for their		e your signature and	any other required signature to	o be Medallior		
trust of the Se Progra	Ilion Signature Guarantee (If required company, securities broker/dealer, clearing ecurities Transfer Agents Association. Jam (known as STAMP), Stock Exchauzation from a notary public is NOT an acceptance.	ng agency or saving The three recognize nges Medallion Pro	s association that part d medallion programs gram (SEMP), and t	icipates in a medallion program are the Securities Transfer Ag he Medallion Signature Progra	recognized by jents Medallion		
Place	Medallion Guarantee stamp and signatu	re in box (if applicabl	e):				
Mail to	o: <u>First Class Mail:</u> Manning & Napier Fund, Inc P.O. Box 534449	Overnight M Manning & N Attention: 53	lapier Fund, Inc.				

500 Ross Street, 154-0520 Pittsburgh, PA 15262

Pittsburgh, PA 15253-4449