

Manning & Napier Fund, Inc.

Declaration of Beneficial Ownership



GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account or maintaining the business relationship on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, limited liability company, a partnership, trust with a Corporate Trustee, non-profit organization, and any similar business entity formed in the United States. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

I. ACCOUNT INFORMATION

Name of Entity

Tax ID Number

Account Number (leave blank if submitting with new account application)

Entity's Street Address (PO Box not permitted)

City

State

Zip

Entity's Mailing Address (if different from above)

City

State

Zip

II. IDENTIFYING BENEFICIAL OWNER(S)

Provide the following information for **each** individual, if any who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25% or more of the shares of a corporation). Note: We may ask for a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

If all beneficial owners own less than 25% each of the equity interests of the legal entity, check here:

First or Only Beneficial Owner: Add / Modify Remove

First Name Middle Name Last Name Suffix If Married, Maiden Name

Residential Mailing Address (PO Box and business address not permitted) City State Zip

Social Security Number Date of Birth Title

Passport Number and Country of Issuance (Non-U.S. Person Only) Type of Identifier Number provided (Non-U.S. Person Only)

Second Beneficial Owner: Add / Modify Remove

First Name Middle Name Last Name Suffix If Married, Maiden Name

Residential Mailing Address (PO Box and business address not permitted) City State Zip

Social Security Number Date of Birth Title

Passport Number and Country of Issuance (Non-U.S. Person Only) Type of Identifier Number provided (Non-U.S. Person Only)

Third Beneficial Owner: **Add / Modify** **Remove**

First Name	Middle Name	Last Name	Suffix	If Married, Maiden Name
Residential Mailing Address (PO Box and business address not permitted)			City	State Zip
Social Security Number		Date of Birth	Title	
Passport Number and Country of Issuance (Non-U.S. Person Only)			Type of Identifier Number provided (Non-U.S. Person Only)	

Fourth Beneficial Owner: **Add / Modify** **Remove**

First Name	Middle Name	Last Name	Suffix	If Married, Maiden Name
Residential Mailing Address (PO Box and business address not permitted)			City	State Zip
Social Security Number		Date of Birth	Title	
Passport Number and Country of Issuance (Non-U.S. Person Only)			Type of Identifier Number provided (Non-U.S. Person Only)	

III. MANAGEMENT OF THE LEGAL ENTITY (CONTROL PERSON)

Provide the following information for one individual with significant responsibility for managing the legal entity listed in Section I, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer Corporate Secretary), or
- Any other individual who regularly performs similar functions.

Note: if appropriate, an individual listed in Section II may also be listed in this section (III).

First Name	Middle Initial	Last Name	Suffix	If Married, Maiden Name
Residential Mailing Address (PO Box and business address not permitted)				
City	State	Zip		
Social Security Number		Date of Birth	Title	
Passport Number and Country of Issuance (Non-U.S. Person Only)			Type of Identifier Number provided (Non-U.S. Person Only)	

IV. CERTIFICATION

By signing below, you understand that Manning & Napier Fund, Inc. ("the Fund") may be required to use information provided on this form to verify the identity of beneficial owners, and the control person. In the event that the Fund is unable to verify the identity of the persons on this form, the Fund reserves the right to take additional steps up to and including closing the account if required by applicable law.

I certify and acknowledge that the information contained in this document is complete and correct and I am authorized to provide this information on behalf of the entity.

X

Signature (Control Person)	Title	Date
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Mail to: **First Class Mail:**
Manning & Napier Fund, Inc.
PO Box 9845
Providence, RI 02940-8045

Overnight Mail:
Manning & Napier Fund, Inc.
4400 Computer Drive
Westborough, MA 01581