Manning & Napier Fund, Inc. Account Maintenance Form Financial / EFT Bank Change



Use this form to add or update bank information, dividend and capital gains distribution options, telephone permissions, and automatic investment plan instructions on your Manning & Napier Fund, Inc. account.

| I. ACCOUNT OWNER INFORMATION - Please Print | | | | |
|---|--|--|--|--|
| Account Registration | Account Number(s) | | | |
| | () | | | |
| Owner's Name (if different than Account Registration) | Daytime/Cell Phone SSN/Tax ID | | | |
| Address City | State Zip | | | |
| *Note: We will update all Fund Series under your account number | r(s) provided, unless otherwise indicated. | | | |
| bank must be a member of the Automated Clearing House (AC service. Please confirm with your financial institution eligibility, fer Note: Your Manning & Napier Fund, Inc. account and your ba | our bank account and your Manning & Napier Fund, Inc. mutual fund accounts(s). Your CH) and Federal Reserve in order for you to use the electronic funds transfer (EFT) es, and applicable routing number(s) for ACH and/or Federal bank wire. ank account must have one owner name in common. Only one bank account can to deposit slip or your signature(s) must be notarized in Section VI. | | | |
| Please indicate whether the bank information below is to be adde | ed to your account or to modify the existing information: | | | |
| Add new bank information | Modify / Replace existing bank information | | | |
| Please indicate type of account: | | | | |
| Checking Account ▶ Required: Attach voided check with your full preprinted name or have this form notarized. Do not attach deposit slip. | Savings Account Required: Attach deposit slip with your full preprinted name or have this form notarized. Please include your Bank Routing #, which is likely different than number shown on deposit slip. | | | |
| | hdrawal Plan (SWP) or an Automatic Investment Plan (AIP) and you would like this ng banking information for your current SWP and/or AIP. | | | |
| Bank Name | | | | |
| Bank Address (City, State) | | | | |
| Name on Bank Account | Checking or Savings Account Number | | | |
| | Routing Number Bank Telephone Number than ACH routing number) | | | |
| | e Section V. of this form. To take an immediate withdrawal or to enroll in a Systematic rm, IRA Distribution form, or IRA RMD form located at www.manning-napier.com. A k instructions and requesting a withdrawal. | | | |
| may be sold. By selecting the telephone services below you are | require that your purchase be invested at least ten (10) business days before shares a authorizing BNY Mellon Asset Servicing, Inc. to honor telephone instructions for your sset Servicing, Inc. will be liable for properly acting upon telephone instructions believed | | | |
| | r Authorized Representative) to sell shares and have the proceeds sent to your address account designated in Section II by wire or Automated Clearing House (ACH). | | | |
| Choose one: Add Telephone Redemption service: | es Remove Telephone Redemption services | | | |
| | vs you (or your Authorized Representative) to purchase shares in the Manning & Napier count designated in Section II. Your bank must be a member of the Automated Clearing | | | |
| Choose one: Add Telephone Purchase services | Remove Telephone Purchase services | | | |

| | | AINS DISTRIBUTIO | | eries under your account(s |). | |
|--|--|--|--|--|--|---|
| Dividends | Check one: | Reinvest | ☐ EFT to bank* | Mail check to addr | ress of record | |
| Capital Gains | Check one: | Reinvest | EFT to bank* | Mail check to add | ress of record | |
| | | | | FT) to your bank account a | | |
| This plan allow your bank int signature(s) n | formation is not on | atically and regularly in record or if it is cha Section VI. If you are | anging, please comp | ier Fund, Inc. account dire lete Section II and atta IRA account, all purchase | ch a voided check / | deposit slip or your |
| New Plan | ☐ Modify / Repla | ace Existing Plan | Cancel Existing Pla | n | | |
| | f bank, the default is n | • / | | | Annually | |
| Start Date* – (| If blank, the default is | the 15 th day of the mon | th):// | | | |
| Name of Fund | Series and purchase | amount: | WIWI DD | 1111 | | |
| Fund Name: _ | | | Purchase Amount | :: \$ (\$25 | 5 minimum per Fund Se | eries) |
| Fund Name: _ | | | Purchase Amount | :: \$ (\$25 | 5 minimum per Fund Se | eries) |
| Section II, pleaselected start | ase allow up to 10-15 date coincides with sta | business days for you | r banking information es or the verification o | ur first automatic investme to be verified. The first dr f your banking information | aft may be delayed to | the next month if your |
| telephone calle Napier, the Tr authorize my b of the services these instructive registration infoly change. I und without notice. | er, recording all teleph ansfer Agent, nor any pank (listed in Section is described on this for ons. This power will of formation provided on derstand that any of the | one calls and sending of its affiliates or ago Il or on the attached vom and agree to indem continue if I am disable this form will remain the telephone services | written confirmations of ents will be held liable bided check) to honor nify and hold harmles ed or incapacitated. I the same unless I no described in this form | ine. If these procedures, of transactions initiated by e for acting on instruction all debit and credit entries is my bank, the Transfer of further agree that any subtify Manning & Napier in a may be modified, interrular vices chosen for my/our envices chosen for my/our | telephone, were follow is reasonably believed to my account arising Agent, and Manning & uch authorization, as w writing with a Medalli- upted, suspended, or te | ed, neither Manning & to be genuine. I also in connection with any Napier from acting on rell as all account and on Guarantee of such |
| • | | n, and regar capacity t | | ,, cu. | account(c). | |
| X Authorized Sig | ınature | Dat | e Autho | rized Signature (if applicat | ole) | Date |
| NOTARY PU Notarization fro | IBLIC SIGNATURE | voided check / deposit s | | dding bank instructions in | , | |
| | | | | | | |
| personally kno instrument and | own to me or proved t d acknowledged to m | to me on the basis of that he/she/they exe | satisfactory evidence ecuted the same in h | lersigned, personally appe to be the individual(s) wh iis/her/their capacity (ies), acted, executed the instrur | nose name(s) is (are) s , and that by his/her/th | subscribed to the within neir signature(s) on the |
| X | | | | If required, place r | notary stamp / seal. | |
| Notary Public | Signature | | | | | |
| Printed Name | | | | | | |
| Commission F | xpiration Date (mm/dd | //vvv) | | | | |
| Mail to: First Mani P.O. | Class Mail: | Overnight Mail: ac. Manning & Napier F Attention: 534449 | 54-0520 | | | |