Manning & Napier Fund, Inc. Account Maintenance Form - Non-Financial



Use this form to update your contact information and other account settings on your Manning & Napier Fund, Inc. account.

| I. EXISTING ACCOUNT INFORMATION – | Please Print | |
|--|--|--|
| Account Registration | | Account Number(s) |
| | | () |
| Owner's Name(s) | | Daytime Telephone Number |
| Address | | |
| City | State | Zip |
| II. ADDRESS / TELEPHONE CHANGE An address change will place a 30-day hold on a contact Shareholder Services at 1-800-466-386 | | eck to the new address. For more information, please |
| Address | | |
| City | State | Zip |
| () | () | () |
| Daytime Telephone Number | Evening Telephone Number | Cell Phone |
| Fund, Inc. will send me an email notifying me wher Fund, Inc. account numbers listed in Section I will I until I revoke it. I may revoke my consent or reque at any time for no additional charge. I will notify Manning & Napier Fund, Inc. cannot obtain a valid an email address to receive documents electronical is free, but Internet access and telephone charges | ents using the existing delivery seemail (eDelivery). I understand the these documents can be viewed be enrolled for this service. This east paper copies of any documents anning & Napier Fund, Inc. prompemail address, documents may bally (plus a printer or other device may apply. | your email address below. If you do not make a settings on your account. that when a new document is available, Manning & Napier ed and printed. I understand that all Manning & Napier consent is effective immediately and will remain in effect ts Manning & Napier Fund, Inc. is required to deliver to me ptly of any change to my email address. I understand that if be delivered to me by US mail. I have Internet access and to print or save documents I may wish to retain). eDelivery ming-napier.com, will help ensure emails are received. |
| All available fund documents (or) Prospectus and Supplements Annual and Semi-Annual Reports Tax Forms Quarterly Statements* Transaction Confirmation Statements* *Note: eDelivery of statements is not available of shares through a financial institution, or for certain the confirmation of the confirmation o | mail one copy of shareholder do eports to multiple shareholders reste, the volume of mail you receing expenses. If you do not ma | ounts. If you own your Manning & Napier Fund, Inc. of statements may not be available to you. ocuments, including prospectuses, supplements, residing at the same address, please select the option |
| AME NE 2 2023 | , | |

V. 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(s) 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 federal or state law.

*Note: A trusted contact person must be 18 years or older. Naming an individual below does not authorize the individual to transact business on your behalf or make changes to your account(s). 1. Trusted Contact Person: Add / Modify Remove Name - First, Middle, Last Name Relationship to Owner / Co-Owner Address City State Zip Email Address Daytime Telephone Cell Phone Add / Modify Remove 2. Trusted Contact Person: Name - First, Middle, Last Name Relationship to Owner / Co-Owner Address City State Zip Daytime Telephone **Email Address VI. 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. Name - First, Middle, Last Name Relationship to Owner / Co-Owner Name - First, Middle, Last Name Relationship to Owner / Co-Owner VII. DUPLICATE ACCOUNT STATEMENTS Send duplicate account statements to: Stop sending duplicate account statements to: Name Company Name Address State Zip VIII. AUTHORIZATION By signing below, I authorize Manning & Napier Fund, Inc., Manning & Napier Advisors, LLC, BNY Mellon Investment Servicing Trust Company, or any successor transfer agent or its affiliates, to act on any instructions (including telephone instructions) reasonably believed to be genuine for any of the services described in this form. I/We certify that I/we have the authority and legal capacity to elect the Account Services chosen for my/our account(s): Authorized Signature (if applicable) **Authorized Signature** Date Date Mail to: First Class Mail: Overnight Mail: Manning & Napier Fund, Inc. Manning & Napier Fund, Inc. P.O. Box 534449 Attention: 534449 Pittsburgh, PA 15253-4449 500 Ross Street, 154-0520 Pittsburgh, PA 15262