Manning & Napier Fund, Inc. Transfer on Death Supplemental Registration Form



This form is for non-retirement accounts owned as either Individual or Joint Tenants With Right of Survivorship. Please complete this form to ensure proper designation of a beneficiary to your account.

Important: The beneficiary(ies) named on this form will replace any existing beneficiary information listed on your account. You must specify ALL primary and contingent beneficiaries on this form even if you are changing only one beneficiary.

I. ACCOUNT OWNER INFORMATION - Please print						
Name(s)				Account Number		
Address						
City		State		Zip		
()						
Daytime Telep	hone					
II. BENEFICI	ARY DESIGNATION	ON – If you are ma	rried, read Section III - Spo	ousal Consent to TOD Beneficiary Designation on page 2.		
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		
	ere if you have atta		sheet of paper with ad	ditional beneficiary designations. Please include the		

III. SPOUSAL CONSENT TO TOD BENEFICIARY DESIGNATION – Spousal consent is required for shareholders residing in states deemed as "Community Property". This section is not required if the co-owners are married to each other.

If you are married to the account owner (or co-owner) and he/she designated a primary beneficiary(ies) other than you, please consult a legal advisor about the state and tax law implications of this beneficiary designation, including the need for your consent.

I am the spouse of the account owner named in Section I, and I expressly consent to the beneficiary(ies) designated by my spouse in Section II or attached. I understand that by consenting to the designation of a beneficiary other than me I am waiving my right to any benefit under the account.

Name of Spouse – please print			
X			
Signature of Spouse	Date		
IV. AUTHORIZATION – All registered acco	unt owners must sig	n.	
state of residence indicated in Section I, or, if established under the Maryland TOD Act. Fu state law, the account will be administered in implied representation that the Beneficiary T	my state of resider orthermore, I acknown accordance with ransfer on Death F	Uniform Transfer on Death Security Registration has not adopted the TOD Act, I understand wledge that, upon my death, should there be at the terms of this document. Manning & Napi Registration will be effective if the account own similar effect at the time of the owner's death.	I that this account will be a conflict with applicable er makes no express or
		nge or revoke a beneficiary designation. Until in be accepted from, or other account inform	
must survive the owner to be entitled to the s be entitled to the shares, and the shares wor	shares; if the benefi uld then become pr	e the property of the TOD beneficiary. Addition ciary does not survive the owner(s), the beneficiary of the deceased owner's estate. If the shares become property of the beneficiary's	ficiary's estate would not beneficiary survives the
		accuracy and the TOD rules described above ed that you seek the advice of a legal advisor	
x		X	
Signature of Owner	Date	Signature of Co-Owner (if applicable)	Date

If you are opening a new Transfer on Death account, please also complete a Non-IRA Application.

Mail to: First Class 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

TOD 2.2023 Page 2 of 2