



LONGLEAF
PARTNERS
FUNDS®

CHANGE OF INFORMATION FORM

NON-RETIREMENT ACCOUNT

Longleaf Partners Funds, P.O. Box 9694, Providence, RI 02940-9694
For more information, call (800)445-9469

You may use this form to request changes to an existing non-retirement account in the Longleaf Partners Funds. A separate form should be completed for each account number.

Section 1. Existing Account Information

FUND(S) AND ACCOUNT NUMBER

OWNER'S NAME

DATE OF BIRTH

JOINT OWNER'S NAME

DATE OF BIRTH

OWNER'S U.S. SOCIAL SECURITY NUMBER

JOINT OWNER'S U.S. SOCIAL SECURITY NUMBER

Section 2. Action Requested

(Select all that apply)

- A. Change of Address
- B. Duplicate Statement
- C. Capital Gain/Dividend Options
- D. Change of Shareholder Name
- E. Add a Joint Owner
- F. Automatic Investment Plan
- G. Telephone Transaction Options
- H. Bank Instructions
- I. Systematic Withdrawal Plan
- J. Longleaf Mail Updates

IMPORTANT NOTE

Your signature(s) are required in Section 3 of this form and we may require a Medallion Signature Guarantee in some circumstances. Changes to your account can not be processed without properly signing this form.

A. Change of Mailing Address

Old Address:

STREET OR P.O. BOX

CITY, STATE, ZIP

()
DAYTIME PHONE

New Address:

STREET OR P.O. BOX

CITY, STATE, ZIP

()
DAYTIME PHONE

()
EVENING PHONE

B. Duplicate Statement

- Add the following interested party mailing address
- Remove the following interested party mailing address

NAME

COMPANY

STREET OR P.O. BOX

CITY, STATE, ZIP

C. Capital Gain/Dividend Options

Capital Gains: Reinvest Cash

Dividends: Reinvest Cash

D. Change of Shareholder Name

Complete this section if the name of the account owner is changing. Do **NOT** use this form to request a change of ownership.

Previous Name:

FIRST

MIDDLE

LAST

PREVIOUS SIGNATURE

New Name:

FIRST

MIDDLE

LAST

Please include official documentation of the name change.

E. Add a Joint Owner

IMPORTANT INFORMATION ABOUT PROCEDURES FOR ADDING A JOINT OWNER

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

To add a joint owner, you must provide the joint owner's name, street address, date of birth, and a U.S. Social Security number. We may ask for other information that will allow us to identify the joint owner and we may also ask to see a copy of identifying documents.

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We can **NOT** add a joint owner if you fail to complete relevant information marked as “REQUIRED” below. If we are unable to verify the joint owner’s identity based on the information provided, the joint owner will not be added to the account. Should we deem it warranted, we may also report a failure to verify the joint owner’s identity to Federal authorities in accordance with applicable law.

Unless otherwise noted, the following person will be added as a Joint Tenant with Rights of Survivorship (JTWRWS):

JOINT OWNER’S NAME — REQUIRED

U.S. SOCIAL SECURITY NUMBER — REQUIRED _____
DATE OF BIRTH — REQUIRED

STREET (P.O. BOX NOT ACCEPTABLE) — REQUIRED

OTHER INFORMATION (SUITE, ATTENTION, ETC.)

CITY, STATE, ZIP

() ()
DAYTIME PHONE EVENING PHONE

F. Automatic Investment Plan

Our minimum automatic investment is \$100 per transaction. Bank transfers will be processed on or about the 21st of each month and usually become active 20 business days after your request is processed. **Please remember to complete Section H if you do not already have bank instructions on your account.**

Invest the following amounts:

Partners Fund (#133)	\$ _____
Small-Cap Fund (#134)	\$ _____
International Fund (#136)	\$ _____
Total Investment	\$ _____

Investments should be made (choose one):

Beginning (MM/YY)

Monthly _____

Quarterly _____

Semi-Annually _____

Annually _____

G. Telephone Transaction Options

Purchases, redemptions and exchanges can be made by telephone. Once initiated, telephone transactions can not be canceled.

Add Telephone Purchase

Purchases made by telephone will be deducted from your checking account. Your purchase price will be the net asset value computed on the next business day following your telephone purchase request. Purchases can not be priced on the same day your call is placed. **Please remember to complete Section H if you do not already have bank instructions on your account.**

Add Telephone Redemption

You can redeem up to \$100,000 over the telephone. Larger redemptions must be made in writing and must be Medallion Signature Guaranteed. Telephone redemptions can only be sent to the existing address of record or bank instructions on your account.

Add Telephone Exchange

You can exchange up to \$100,000 over the telephone between Fund accounts with identical registrations. Exchanges greater than \$100,000 must be made in writing and must be Medallion Signature Guaranteed.

H. Bank Instructions

Please attach a voided check - REQUIRED

Your signature(s) in Section 3 of this form must be Medallion Signature Guaranteed to add or change bank instructions on your account.

BANK NAME

CITY, STATE

ABA ROUTING # ACCOUNT #

NAME(S) ON ACCOUNT

Use the above bank instructions for (select all that apply):

Redemptions:

by Wire by ACH

Cash distributions:

by Wire by ACH

Establishing an Automatic Investment
(complete Section F of this form)

Establishing Telephone Purchase Option
(complete Section G of this form)

I. Systematic Withdrawal Plan

You can establish a systematic withdrawal from your account by completing the following information. Redemptions will be processed on or about the 21st of each month.

Redeem the following amounts:

Partners Fund (#133)	\$ _____
Small-Cap Fund (#134)	\$ _____
International Fund (#136)	\$ _____
Total Investment	\$ _____

Redemptions should be made (choose one):

- Beginning (MM/YY) _____
- Monthly _____
- Quarterly _____
- Semi-Annually _____
- Annually _____

J. Lingleaf Mail Updates

To receive e-mail notification of Lingleaf news including quarterly report availability and distribution updates, provide your e-mail address below:

EMAIL ADDRESS: _____

Section 3. Signature(s)

By signing below, I/we ratify any instructions, including telephone instructions, given on this account. I understand that the Fund or PNC GIS will employ reasonable procedures to confirm the genuineness of my instructions. I agree that neither the Fund nor PNC GIS will be liable for any loss, cost or expense for acting upon any instructions believed to be genuine and in accordance with reasonable procedures designed to prevent unauthorized transactions.

I/we authorize these changes to my/our account upon receipt of these instructions in good order.

_____ SIGNATURE OF OWNER/AUTHORIZED SIGNER	_____ DATE
_____ SIGNATURE OF JOINT OWNER/AUTHORIZED SIGNER	_____ DATE
_____ ADDITIONAL AUTHORIZED SIGNER	_____ DATE
_____ ADDITIONAL AUTHORIZED SIGNER	_____ DATE

Section 4. Medallion Signature Guarantee

Your signature(s) must be Medallion Signature Guaranteed if you are:

- adding a joint owner to an account with a value greater than \$100,000
- changing the shareholder name on an account with a value greater than \$100,000
- adding or changing bank instructions on your account
- establishing a systematic withdrawal greater than \$100,000
- establishing a systematic withdrawal within 30 days of requesting an address change
- adding a TOD beneficiary to an account with a value greater than \$100,000

A Medallion Signature Guarantee protects you and the Funds from potential loss due to fraudulent activity.

Acceptable medallion guarantees may be obtained from banks, brokerage firms or other institutions that are members of either the Securities Transfer Association Medallion Signature Program (STAMP), the New York Stock Exchange Medallion Signature Program (MSP), or the Stock Exchange Medallion Signature Program (SEMP). The guarantee must be in original form, as photocopies or fax copies are not accepted. The surety bond coverage of the Medallion Signature Guarantee on your request must be equal to, or greater than, the value of the requested transaction, and the guarantee must have unlimited effectiveness.

A Notary Public is **NOT** an eligible guarantor.

There may be other circumstances in addition to those listed above that require a Medallion Signature Guarantee. Please contact us at (800)445-9469 if you have questions about these requirements.

MEDALLION SIGNATURE
GUARANTEE STAMP

NAME OF INSTITUTION

SIGNATURE OF AUTHORIZED OFFICER

DATE

Return this completed form:

By U.S. Mail:
Lingleaf Partners Funds
P.O. Box 9694
Providence, RI 02940-9694

By Overnight Courier:
Lingleaf Partners Funds
c/o PNC GIS
101 Sabin Street
Pawtucket, RI 02860
(800)445-9469