

CHANGE OF INFORMATION FORM RETIREMENT ACCOUNT (page 2)

Beneficiary (3) (___ Primary or ___ Contingent)

NAME _____

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

RELATIONSHIP _____ % OF ASSETS _____

Beneficiary (4) (___ Primary or ___ Contingent)

NAME _____

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

RELATIONSHIP _____ % OF ASSETS _____

NOTE: The percentage must equal 100% for all Primary or all Contingent Beneficiaries. If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s).

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in specified shares, if indicated.) If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated.) I understand that, unless I have specified otherwise, if I name multiple Primary Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Primary Beneficiaries. Similarly, unless I have specified otherwise, if no Primary Beneficiary survives me and I have named multiple Contingent Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Contingent Beneficiaries. I understand that I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

Spousal Consent

I consent to the Beneficiary Designation.

SIGNATURE OF SPOUSE _____ DATE _____

NOTE: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than, or in addition to, the Participant's Spouse.

You may change your beneficiaries at any time by giving written notice to the Custodian. If you do not designate a beneficiary, or the beneficiary(ies) you designate predecease you, your surviving spouse will become the beneficiary of your IRA, if no surviving spouse or unmarried, your estate will become the beneficiary of your IRA.

Disclaimer for Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, any sponsors, issuers, depositories and other persons or entities associated with "Eligible Assets" (as defined in the Custodian Account Agreement) the Custodian specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

E. Telephone Exchange Option

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.

F. Automatic Investment Plan

Our minimum automatic investment is \$100 per Fund. 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. **You must provide your bank information below 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):

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

Bank Information:

Please attach a voided check - REQUIRED

BANK NAME

CITY, STATE

ABA ROUTING # ACCOUNT #

NAME(S) ON ACCOUNT

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

G. Longleaf Mail Updates

To receive e-mail notification of Longleaf 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 DATE

Section 4. Medallion Signature Guarantee

Your signature must be Medallion Signature Guaranteed if you are:

- changing the shareholder name on an account with a value greater than \$100,000
- adding or changing bank instructions on your account

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 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:
Longleaf Partners Funds
P.O. Box 9694
Providence, RI 02940-9694

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