



LONGLEAF
PARTNERS
FUNDS®

IRA TRANSFER & CONVERSION FORM

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

1. Account Owner

OWNER'S NAME _____

OWNER'S U.S. SOCIAL SECURITY NUMBER _____

() _____
DAYTIME PHONE

STREET OR P.O. BOX _____

CITY, STATE, ZIP _____

2. Type of Account

- Traditional IRA
 Roth IRA
 SEP IRA

3. Longleaf Account Information

- I have an **existing IRA** account with Longleaf Partners Funds. My account # is _____.
- I am establishing a **new IRA** account with Longleaf Partners Funds. (application attached)

4. Distribute the assets indicated below:

- Liquidate all assets and send a check.
 Liquidate \$ _____ only and send a check.
 Transfer existing Longleaf shares in-kind:

	Shares
Partners Fund (#133)	_____
Small-Cap Fund (#134)	_____
International Fund (#136)	_____

5. Initiate Transfer

- At maturity date of ____/____/____
- Immediately. (I am aware of any penalties)

6. Withholding (for Roth Conversions only)

- Do NOT withhold from my conversion.
 Withhold _____% or \$ _____ from my conversion.
(Unless otherwise indicated tax may be withheld at a rate of 10%)

7. Type of Request (choose one)

- Transfer from a Traditional IRA
 Transfer from a Roth IRA. Year Roth IRA was opened _____
 Transfer from a SEP IRA _____
(Name of Company or Employer)
 Transfer from a SEP or SIMPLE IRA (after the 2-year required period) to a Traditional IRA
 Convert my Longleaf Traditional IRA to a Longleaf Roth IRA
 Direct Rollover QRP to Traditional IRA
 Direct Rollover (conversion) of an employers QRP to a Roth IRA
 Direct Rollover 403(b) or 457 Plan to a Traditional IRA
 Direct Rollover of an employers Designated Roth Contribution Account into a Roth IRA

8. Funds

Our minimum initial investment for each Fund account is **\$10,000.**

Partners Fund (#133)	\$ _____	or	_____ %
Small-Cap Fund (#134) Closed 7-31-97	\$ _____	or	_____ %
International Fund (#136)	\$ _____	or	_____ %
Total Investment	\$ _____	or	100%

9. The assets are being transferred from:

NAME OF PRESENT TRUSTEE OR CUSTODIAN

ACCOUNT NUMBER INVESTMENT NAME

STREET ADDRESS OR P.O. BOX NUMBER

CITY, STATE, ZIP CODE

() PHONE NUMBER

You may want to contact your plan administrator or custodian to ensure that you have completed any documents they may require in order to complete your request as well as establish the timing of the distribution.

Approximate value of the IRA you are transferring:
\$ _____
(Must be at least \$10,000 initially for each Fund or you must include a check to bring the total to \$10,000. There is no minimum required for subsequent investments. The funds do not accept third-party checks or checks drawn on foreign banks.)
PLEASE INCLUDE A COPY OF YOUR ACCOUNT STATEMENT FOR THE IRA YOU ARE TRANSFERRING.

10. Signature

I authorize the transfer of assets or direct rollover as noted above to my Longleaf Partners Funds® IRA and authorize Longleaf Partners Funds and PFPC Trust Company to process this request on my behalf. I understand it is my responsibility to assure the prompt transfer of assets by the current custodian. I have read and understand all information in the instructions and hereby provide the applicable direct rollover certification.

If this contribution is a Direct Rollover or Direct Rollover (conversion) from a Qualified Plan, I understand that by signing this form I am acknowledging that the contribution is an irrevocable election and is no longer eligible for special tax treatment which may be accorded to distributions from Qualified Plans.

Longleaf Partners Funds can only accept Direct Rollovers from a Qualified Plan to an IRA in the form of cash.

I understand I am not eligible for a conversion if my adjusted gross income exceeds \$100,000 (single or joint) or if I am married and filing separately. I understand the conversion is irrevocable. I agree I am solely responsible for all tax consequences of this conversion.

OWNER'S SIGNATURE DATE

11. Signature Guarantee (if required by current trustee)

GUARANTEE STAMP

NAME OF INSTITUTION

SIGNATURE OF AUTHORIZED OFFICER DATE

TO BE COMPLETED BY PNC GIS

To the Above Named Trustee:

PFPC Trust Company accepts its appointment as Custodian for the above account. Please forward a check or existing Longleaf shares, as directed above, payable to:

PFPC Trust Company FBO _____

Reference Number: _____
(include this number on your check)

AUTHORIZED SIGNATURE DATE

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

By express mail or courier:
overnight courier:
Longleaf Partners Funds
c/o PNC GIS
101 Sabin Street
Pawtucket, RI 02860
(800)445-9469

Items delivered to the P.O. Box are not deemed "received" until they arrive at PNC GIS for processing. Time critical items requiring proof of receipt should be sent to the Pawtucket, RI address.