



LONGLEAF
PARTNERS
FUNDS®

TRANSFER SHARES IN-KIND

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

This form should be used to request that shares of the Longleaf Partners Funds, held in non-retirement accounts through other financial institutions, be transferred to an account held directly with Longleaf. **Do not use this form to request an IRA transfer.**

1. Your account information with Longleaf:

LONGLEAF ACCOUNT NUMBER

LONGLEAF ACCOUNT REGISTRATION

If you are transferring shares into a new account, you must complete an account application to obtain an account number. Each account must meet Longleaf's \$10,000 account minimum.

2. Shares to Transfer:

If your current share balance is less than \$10,000, you can include an additional investment with this form to meet the minimum for each Fund and account.

Please **TRANSFER-IN-KIND** the following shares to my account held directly with the Longleaf Partners Funds.

Number of Shares	
	Partners Fund #133 (LLPFX)
	Small-Cap Fund #134 (LLSCX)
	International Fund #136 (LLINX)
Amount of additional investment (if applicable)	
\$ 	Partners Fund #133
\$ 	Small-Cap Fund #134
\$ 	International Fund #136

Checks should be made payable to *Longleaf Partners Funds* and should be mailed with this form to the address above. The Funds do not accept third party checks or checks drawn on foreign banks.

3. Institution currently holding your Longleaf shares:

COMPANY NAME

TELEPHONE NUMBER

CONTACT PERSON

STREET ADDRESS OR P.O. BOX NUMBER

CITY, STATE, ZIP

4. Account information at your current institution:

SHAREHOLDER NAME/ACCOUNT REGISTRATION

ACCOUNT NUMBER

U.S. TAX ID

STREET OR P.O. BOX

CITY, STATE, ZIP

() DAYTIME PHONE () EVENING PHONE

DAYTIME PHONE EVENING PHONE

**TO EXPEDITE PROCESSING,
PLEASE INCLUDE A COPY OF YOUR
ACCOUNT STATEMENT FOR THE SHARES
YOU ARE TRANSFERRING.**

REQUEST FOR ACTION

This form should serve as your authorization to **TRANSFER-IN-KIND** shares of the Longleaf Partners Funds as specified in section 2.

DO NOT LIQUIDATE THESE SHARES

5. Signature(s):

SIGNATURE OF OWNER/AUTHORIZED SIGNER DATE

SIGNATURE OF OWNER/AUTHORIZED SIGNER DATE

ADDITIONAL AUTHORIZED SIGNER DATE

We strongly recommend that you contact the institution currently holding your account to verify that these transfer instructions will be acceptable and to inquire about any additional requirements such as Medallion Signature Guarantees.

6. Signature Guarantee (if required by current institution)

GUARANTEE
STAMP

NAME OF INSTITUTION

SIGNATURE OF AUTHORIZED OFFICER DATE

**RETURN THIS FORM DIRECTLY TO LONGLEAF AT THE ADDRESS ABOVE.
FOR A NEW ACCOUNT, PLEASE INCLUDE AN ACCOUNT APPLICATION.**