
V. TRUSTED CONTACT PERSON

By choosing to provide information about a trusted contact person, you authorize the Fund's Distributor and its affiliates to contact the person(s) listed below and disclose information about your account(s) to that person in the following circumstances: to address possible financial exploitation, to confirm your current contact information, health status, or identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by federal or state law.

*Note: A trusted contact person must be 18 years or older. Naming an individual below does not authorize the individual to transact business on your behalf or make changes to your account(s).

1. Trusted Contact Person: Add / Modify Remove

Name – First, Middle, Last Name	Relationship to Owner / Co-Owner		
Address	City	State	Zip
()	()		
Daytime Telephone	Cell Phone	Email Address	

2. Trusted Contact Person: Add / Modify Remove

Name – First, Middle, Last Name	Relationship to Owner / Co-Owner		
Address	City	State	Zip
()	()		
Daytime Telephone	Cell Phone	Email Address	

VI. ACCOUNT ACCESS AUTHORIZATION

If you would like to authorize an individual(s) to be able to receive information on your account, please indicate their name(s) below. With your authorization, we will be able to provide information such as account balances, transaction information, and copies of statements and tax reports.

Note: Naming an individual below does not authorize the individual to transact on your behalf or make changes to your account.

1.

Name – First, Middle, Last Name	Relationship to Owner / Co-Owner
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2.

Name – First, Middle, Last Name	Relationship to Owner / Co-Owner
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VII. DUPLICATE ACCOUNT STATEMENTS

Send duplicate account statements to: Stop sending duplicate account statements to:

Name	Company Name		
Address	City	State	Zip

VIII. AUTHORIZATION

By signing below, I authorize Manning & Napier Fund, Inc., Manning & Napier Advisors, LLC, BNY Mellon Investment Servicing Trust Company, or any successor transfer agent or its affiliates, to act on any instructions (including telephone instructions) reasonably believed to be genuine for any of the services described in this form.

I/We certify that I/we have the authority and legal capacity to elect the Account Services chosen for my/our account(s):

X		X	
Authorized Signature	Date	Authorized Signature (if applicable)	Date

Mail to: **First Class Mail:**
Manning & Napier Fund, Inc.
PO Box 9845
Providence, RI 02940-8045

Overnight Mail:
Manning & Napier Fund, Inc.
4400 Computer Drive
Westborough, MA 01581