

# Manning & Napier Fund, Inc.

## Withdrawal Request Form

### (Non-IRA Accounts Only)



Use this form to take an immediate one-time withdrawal or establish systematic withdrawals from your Manning & Napier Fund, Inc. non-IRA account. For IRA distributions, please visit [www.manning-napier.com](http://www.manning-napier.com) or contact 1-800-466-3863 for the appropriate IRA form.

#### I. ACCOUNT INFORMATION – Please Print

Account Registration	Social Security Number/Tax ID Number	
Owner's Name	(      ) Daytime Telephone Number	
Address		
City	State	Zip
Account Number		

#### II. WITHDRAWAL INFORMATION – Complete Sections A and B

##### A. Choose one:

- Total and Immediate Withdrawal/Account Termination
  - One-Time Partial and Immediate Withdrawal – Specify Amount: \$ \_\_\_\_\_
  - Systematic Withdrawal Plan (SWP) – Specify Amount: \$ \_\_\_\_\_  
 Specify Day of the Month\*:  5<sup>th</sup>  15<sup>th</sup>  25<sup>th</sup>  Other \_\_\_\_\_ Specify Start Date<sup>1</sup>: \_\_\_\_\_  
 Specify Frequency:  Monthly  Quarterly  Semi-Annually  Annually
- <sup>1</sup>If you do not indicate a day of the month, then we will default to the 15th day of the month. If the day falls on a weekend or holiday, your distribution will be processed the next business day. Please allow up to 5 business days from receipt of this form to process your first automatic distribution. If adding new banking information in Section III, please allow up to 15 business days for your banking information to be verified. The first withdrawal may be delayed to the next month if your selected start date coincides with standard processing times or the verification of your banking information.
- Substantially Equal Periodic Payments (Section 72(t) of the Internal Revenue Code) – Specify Amount \$ \_\_\_\_\_ (or)  
 Calculate under the RMD method using:  Uniform Lifetime Table  Single Life Table  Joint and Last Survivor Table\*

*Beneficiary's Name	Date of Birth
Distribute: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	

##### B. Choose one:

- Distribute proportionately across all funds, (or)
  - Distribute as indicated below:
- |                        |                  |                             |
|------------------------|------------------|-----------------------------|
| Fund: _____            | Amount: \$ _____ | or Percentage: _____%       |
| Fund: _____            | Amount: \$ _____ | or Percentage: _____%       |
| Fund: _____            | Amount: \$ _____ | or Percentage: _____%       |
| Total Amount: \$ _____ |                  | or Percentage: <u>100</u> % |

**Note:** If you do not indicate how the proceeds are to be distributed across your funds, the withdrawal will default to proportionately across all funds.

Payment options on next page.

**III. PAYMENT INSTRUCTIONS**

**Mail Withdrawal Check to my/our Address of Record** - if requested amount is greater than \$100,000 this form must be **Medallion Guaranteed** in order to mail a check, or you may complete the Electronic Transfer or Wire Transfer section below.

**Mail Withdrawal Check to the Following Third Party – Medallion Signature Guarantee is required**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Reference Information

**Send an Electronic Transfer to my/our Bank Account**

If your bank's ACH information is already on record, check here:   
*(Please allow 2-3 business days for the assets to be received by your bank).*

**IMPORTANT:** Your bank must be a member of the Automated Clearing House (ACH) and Federal Reserve in order for you to use the electronic funds transfer services.

**Your Bank's ACH Information – Please attach a voided check. Medallion Signature Guarantee is required if your banking information is not on file with us.**

Bank Name \_\_\_\_\_

Bank **ACH** Routing/ABA Number \_\_\_\_\_

Your Account Number at Bank \_\_\_\_\_

Bank Telephone Number \_\_\_\_\_

Name of Your Account at Bank \_\_\_\_\_

**Send a Wire Transfer to my/our Bank Account**

If your bank's wire information is already on record, check here:   
*(Note: your bank may charge a fee for wire transfers).*

**Your Bank's Wire Information – Please attach a voided check. Medallion Signature Guarantee is required if your banking information is not on file with us.**

Bank Name \_\_\_\_\_

Bank **Wire** Routing/ABA Number \_\_\_\_\_

Account Name to Reference (for wires) \_\_\_\_\_

Account Number (for wires) \_\_\_\_\_

Reference Information  
(usually your account number/name at bank)

Bank Address (city, state) \_\_\_\_\_

**Purchase into my Existing**     **IRA**     **Roth IRA**     **Non-Retirement Account**

Account Number: \_\_\_\_\_

Invest proportionately across all funds **(or)**

Invest as indicated below:

Fund: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ or Percentage: \_\_\_\_\_%

Fund: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ or Percentage: \_\_\_\_\_%

Fund: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ or Percentage: \_\_\_\_\_%

Total Amount: \$ \_\_\_\_\_ or Percentage: 100 %

**For IRA/Roth IRA accounts:** Regular Contribution for noted Tax Year:     Current Year     Prior Year

\*Note: Contributions will be coded as current year if a selection is not made. Prior year purchases must be received or postmarked by the tax filing deadline.

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**IV. SUBSTITUTE W-9 FORM**

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien); and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

NOTE: The IRS does not require your consent to any provision on this form other than the certification required to avoid backup withholding.

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**V. PARTICIPANT AUTHORIZATION**

By signing below, I/we certify that I/we are the individual(s) authorized to make these elections and that all information provided is true and accurate. I/we authorize BNY Mellon Investment Servicing Trust Company, or any successor transfer agent or sub-transfer agent (the "Transfer Agent"), or its affiliates, to distribute funds from my/our account in the manner requested. The Transfer Agent may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Transfer Agent, Manning & Napier Fund, Inc., and its agents shall in no way be responsible, and shall be indemnified and held harmless from acting on my/our instructions.

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

**Medallion Signature Guarantee:** An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

Place Medallion Guarantee stamp and signature in box:

Place Medallion Guarantee stamp and signature in box:

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  
1-800-466-3863