

**MANNING & NAPIER FUND, INC.
NON-IRA ACCOUNT APPLICATION**



MANNING & NAPIER FUND, INC.

P.O. Box 534449

Pittsburgh, PA 15253-4449

1-800-466-3863

I. PARTICIPANT INFORMATION – Please Print

Primary Contact Name(s)

()

()

Daytime/Cell Phone

Evening/Alternate Phone

Street Address (PO Box not permitted)

City

State

Zip

Mailing/PO Box Address or Previous Address if you have moved within the last 3 months

City

State

Zip

The account being opened is: ☐ Taxable ☐ Non-Taxable

II. ELECTRONIC DELIVERY (eDelivery)

Please choose which documents you would like to receive in a quick, convenient, and earth-friendly way. All information will be securely stored online for easy viewing and retrieval. If you do not make a selection, all documents will be sent to you by U.S. mail.

Email Address (Please print clearly): _____

I would like to receive the following documents via eDelivery:

☐ All available Fund documents **(or)** select from the documents below:

☐ Prospectuses/Supplements ☐ Annual and Semi-Annual Reports ☐ Tax Forms

☐ Quarterly Statements* ☐ Transaction Confirmation Statements*

*Please note: eDelivery of statements is not available on all types of mutual fund accounts. If you own your Manning & Napier Fund, Inc. shares through a financial institution, or for certain retirement plans, eDelivery of statements may not be available to you.

III. HOUSEHOLDING

By signing this application, you consent to Manning & Napier Fund, Inc. mailing one copy of shareholder documents including prospectuses, supplements, announcements and annual / semi-annual reports to multiple shareholders who share the same address. This service reduces environmental waste, the volume of mail you receive from us and provides cost benefits to shareholders through reduced printing and mailing expenses. If you do not wish to participate in this service, please check the box below.

☐ No, I do not wish to participate in householding.

IV. TYPE OF ACCOUNT – Please select one

☐ **Individual Account:**

First Name

M.I.

Last Name

Suffix

If Married, Maiden Name

Social Security Number

Date of Birth

☐ **Joint Account:** Joint ownership means joint tenants with rights of survivorship, unless otherwise specified.

(Primary) First Name

M.I.

Last Name

Suffix

If Married, Maiden Name

(Primary) Social Security Number

Date of Birth

(Joint) First Name

M.I.

Last Name

Suffix

If Married, Maiden Name

(Joint) Social Security Number

Date of Birth

☐ **Custodial Account (Gift/Transfer to Minor):**

(Custodian) First Name M.I. Last Name If Married, Maiden Name Custodian for

(Minor) First Name M.I. Last Name under the (State)
Uniform Gifts/Transfers to Minors Act.

Minor's Social Security Number Minor's Date of Birth

Custodian's Social Security Number Custodian's Date of Birth

☐ **Retirement Account:**

Complete the Authorizing Resolution Form at the end of this application and provide a copy of your Plan's Adoption Agreement.

Is this a government entity? ☐ Yes ☐ No

Retirement Plan Name Tax ID Number (Required)

1.

Trustee Name Social Security Number Date of Birth

Street Address (PO Box not permitted)

City State Zip

2.

Trustee Name Social Security Number Date of Birth

Street Address (PO Box not permitted)

City State Zip

*If there are additional Trustees, please provide their information on a separate sheet of paper.

☐ **Trust Account: (Non Corporate Trustee(s) only. Corporate Trustees, please see Business Account section)**

Complete the Authorizing Resolution Form at the end of this application and provide a copy of your Trust Document.

Are the beneficiary(ies) the same individual(s) as the trustee(s)? ☐ Yes ☐ No

Trust Name

Tax ID Number (Required) Trust Date

1.

Trustee Name Social Security Number Date of Birth

Street Address (PO Box not permitted)

City State Zip

2.

Trustee Name Social Security Number Date of Birth

Street Address (PO Box not permitted)

City State Zip

*If there are additional Trustees, please provide their information on a separate sheet of paper.

☐ **Business Account:**

Complete the Authorizing Resolution Form at the end of this application. In addition, for persons opening an account on behalf of a Legal Entity, please complete the Beneficial Ownership section below.

Indicate type (required): ☐ S-Corp ☐ C-Corp ☐ LLC ☐ Partnership ☐ Sole Proprietorship
☐ Endowment / Foundation ☐ Trust (Corporate Trustee) ☐ Other: _____

Is this a government entity? ☐ Yes ☐ No

Entity Name

Tax ID Number (Required)

Beneficial Ownership

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

Please provide information for each Beneficial Owner of a Legal Entity. These individuals will not have any authority or be able to act on this account unless they are also listed on the Authorizing Resolution Form at the end of this application. For the purposes of this section, a legal entity includes a corporation, limited liability company, a general partnership, trust with a Corporate Trustee, non-profit and any similar business entity formed in the United States. For a sole proprietorship or unincorporated association, you may skip this section. For a foreign person without a social security number, please provide a passport number or other similar identification number and country of issuance.

1.

First Name Middle Name Last Name Suffix If Married, Maiden Name

Social Security Number or other similar ID number Date of Birth

Residential or Business Street Address (PO Box not permitted)

City State Zip Country

Do you own, directly or indirectly, 25 percent or more of the equity interests of the legal entity listed above? ☐ Yes ☐ No

Do you have significant responsibility for managing the legal entity listed above? ☐ Yes ☐ No

If yes, choose one (required):

- ☐ I am a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer, Corporate Secretary; or
- ☐ I regularly perform similar functions.

2.

First Name Middle Name Last Name Suffix If Married, Maiden Name

Social Security Number or other similar ID number Date of Birth

Residential or Business Street Address (PO Box not permitted)

City State Zip Country

Do you own, directly or indirectly, 25 percent or more of the equity interests of the legal entity listed above? ☐ Yes ☐ No

Do you have significant responsibility for managing the legal entity listed above? ☐ Yes ☐ No

If yes, choose one (required):

- ☐ I am a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer, Corporate Secretary; or
- ☐ I regularly perform similar functions.

If there are additional Beneficial Owners, please complete the Legal Entity Beneficial Ownership Certification Form.

V. SELECT YOUR INVESTMENT

Please select the Series and enter the amount or percentage (percentages must equal 100%) of investment for each Series. The minimum initial investment is \$2,000 per Series, unless otherwise indicated. The minimum is waived if you sign up for the Automatic Investment Plan in Section XIV.

SERIES	SHARE CLASS						PERCENTAGE OR AMOUNT
	A	S ⁽²⁾	I ⁽¹⁾	R ⁽²⁾	L ⁽²⁾	Z ⁽¹⁾	
Lifestyle Mutual Funds							
Pro-Blend Conservative Term		<input type="checkbox"/> 104	<input type="checkbox"/> 204	<input type="checkbox"/> 504	<input type="checkbox"/> 304		____ % \$ _____
Pro-Blend Moderate Term		<input type="checkbox"/> 101	<input type="checkbox"/> 201	<input type="checkbox"/> 501	<input type="checkbox"/> 301		____ % \$ _____
Pro-Blend Extended Term		<input type="checkbox"/> 102	<input type="checkbox"/> 202	<input type="checkbox"/> 502	<input type="checkbox"/> 302		____ % \$ _____
Pro-Blend Maximum Term		<input type="checkbox"/> 105	<input type="checkbox"/> 205	<input type="checkbox"/> 505	<input type="checkbox"/> 305		____ % \$ _____
Stock Mutual Funds							
Disciplined Value		<input type="checkbox"/> 226				<input type="checkbox"/> 1126	____ % \$ _____
Equity ⁽²⁾		<input type="checkbox"/> 122					____ % \$ _____
Callodine Equity Income		<input type="checkbox"/> 145				<input type="checkbox"/> 1145	____ % \$ _____
Foreign Mutual Funds							
Overseas		<input type="checkbox"/> 221				<input type="checkbox"/> 1121	____ % \$ _____
Rainier International Discovery		<input type="checkbox"/> 265				<input type="checkbox"/> 1165	____ % \$ _____
Taxable Bond Mutual Funds							
Core Bond		<input type="checkbox"/> 123				<input type="checkbox"/> 1123	____ % \$ _____
Credit Series		<input type="checkbox"/> 144	<input type="checkbox"/> 244				____ % \$ _____
Systematic High Yield Bond		<input type="checkbox"/> 146				<input type="checkbox"/> 1146	____ % \$ _____
Unconstrained Bond		<input type="checkbox"/> 124	<input type="checkbox"/> 224				____ % \$ _____
Tax Exempt Mutual Funds							
Diversified Tax Exempt		<input type="checkbox"/> 109					____ % \$ _____

1 For Institutional clients only. The minimum initial investment on I and Z shares is \$1,000,000.

2 These classes carry distribution (12b-1) and servicing fees, except for the Equity Series (Fund 122). Please see, "Choosing a Share Class" in the Series' prospectus.

VI. FUNDING OPTIONS

The Fund will not accept cash, third party checks, starter checks, traveler's checks, credit card checks or money orders.

- ☐ I (We) will invest with a check (payable to: Manning & Napier Fund, Inc.) Amount: \$ _____
☐ Check is enclosed ☐ Check to follow
- ☐ I (We) instruct you to process a one-time draft (ACH) purchase into the account. Amount: \$ _____
By choosing "one-time draft (ACH)", you authorize the Fund to request an ACH transfer from your bank account listed in section XIII to fund the account.
- ☐ I (We) will send a bank wire from: Bank Name: _____. Amount: \$ _____
Note: You must return this completed application to the Fund in advance of the wire. Upon receipt, we will contact you with wire instructions.
- ☐ Transfer from an existing account with the Fund. (I have attached a Non-IRA Transfer Form).
Approximate Amount: \$ _____ Account Number: _____
- ☐ Transfer from another investment. (I have attached a Non-IRA Transfer Form). Approximate Amount: \$ _____
- ☐ Automatic Investment Plan. Please complete the Automatic Investment Section of this application in Section XIV.
- ☐ Payroll Deduction Program. Your company must participate in this program. Please complete a Payroll Deduction Form.

VII. DIVIDEND AND CAPITAL GAINS DISTRIBUTIONS

All distributions will be reinvested unless otherwise indicated. These elections will apply to all Fund Series selected.

Dividends **Check one:** ☐ Reinvest ☐ EFT to bank* ☐ Mail check to address of record

Capital Gains **Check one:** ☐ Reinvest ☐ EFT to bank* ☐ Mail check to address of record

***Note:** If you choose to have distributions sent by EFT to your bank account, please complete the Banking Information section in Section XIII.

VIII. COST BASIS METHODOLOGY

Pursuant to changes in federal law, Manning & Napier Fund, Inc. is responsible for tracking and reporting to the Internal Revenue Service (IRS) the gains and losses that you realize when you sell "covered shares". In general, these are shares that you acquire on or after January 1, 2012. Please note that this reporting obligation of the Fund does not relieve you of your responsibility to report, when sold, the cost basis of non-covered shares (i.e., shares that were purchased prior to January 1, 2012) to the IRS.

In order for us to determine the gain or loss when you redeem covered shares, the "cost basis" must be known for those shares. The cost basis is the value of each share at the time you acquired it. The law requires the Fund to select a default method to determine your cost basis.

The Fund uses **Average Cost** as the default method. Under this method, the Fund will calculate the total cost of all covered shares in your account and divide that cost by the total covered shares in your account; this will determine the cost basis for the shares that you are redeeming.

If you would like to select a different cost basis methodology, you are able to do so at this time by selecting from the following choices:

- | | | |
|---|--|--|
| <input type="checkbox"/> Average Cost | <input type="checkbox"/> Specific Lot Identification | <input type="checkbox"/> First In, First Out |
| <input type="checkbox"/> Last In, First Out | <input type="checkbox"/> Highest Cost In, First Out | <input type="checkbox"/> Lowest Cost In, First Out |
| <input type="checkbox"/> Highest Cost Long Term In, First Out | <input type="checkbox"/> Highest Cost Short Term In, First Out | <input type="checkbox"/> Lowest Cost Long Term In, First Out |
| <input type="checkbox"/> Lowest Cost Short Term In, First Out | | |

Should you decide to elect one of the methodologies listed above, your election is good for all future transactions unless you either revoke or change the standing election. **Please note that updating your election either to or from Average Cost must be done in writing. We strongly encourage you to consult your tax advisor to determine which cost basis method best suits your specific situation so that you are able to achieve your desired results.**

When you redeem shares from your account, you will deplete shares and calculate the cost basis on those shares according to your Cost Basis Method Election. If you do not designate the cost basis reporting method to be used prior to or at the time of your redemption, the trade will be processed using our default of Average Cost.

IX. TELEPHONE / ONLINE SERVICES

The Telephone / Online Redemption and Telephone / Online Purchase services require that your purchases be invested at least ten (10) business days before shares may be sold.

Telephone / Online Redemptions: Unless otherwise indicated below, you will automatically receive the Telephone / Online Redemption privileges, which allow you (or your Authorized Representative) to sell shares and have the proceeds sent to your address of record for amounts of \$100,000 or less OR to the bank account designated on Page 8 by wire or Automated Clearing House (ACH).

- ☐ I do not want the Telephone / Online Redemption privileges

Telephone / Online Purchases from your Bank: Unless otherwise indicated below, you will automatically receive the Telephone / Online Purchase privileges from your Bank if you provide your banking information in Section XIII. This feature allows you (or your Authorized Representative) to purchase shares in the Manning & Napier Fund by telephone or online (www.manning-napier.com). We will debit your bank account designated in Section XIII. Your bank must be a member of the ACH in order to use this service.

- ☐ I do not want the Telephone / Online Purchase privileges from my Bank

Telephone / Online Exchanges: Unless otherwise indicated below, you will automatically receive the Telephone / Online Exchange privileges, which allow you (or your Authorized Representative) to make exchanges between Manning & Napier Fund Series by telephone or online (www.manning-napier.com).

- ☐ I do not want the Telephone / Online Exchange privileges

X. 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 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 FINRA Rule 2165 (Financial Exploitation of Specified Adults).

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

1.

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

Email Address

2.

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

Email Address

XI. 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.

<u>Authorized Individual(s):</u>	<u>Relationship to you:</u>
1. _____	_____
2. _____	_____

XII. DUPLICATE STATEMENTS

Send duplicate statements to:

1.

Name	Company		
Address	City	State	Zip

2.

Name	Company		
Address	City	State	Zip

3.

Name	Company		
Address	City	State	Zip

XIII. BANKING INFORMATION

By providing us with your bank information, we will be able to send your assets to and from your bank account upon your request. The owner(s) of the bank account should match the owner(s) of this account. Please provide your bank information below and attach a voided check. **If bank instructions are not provided at this time, you will be required to provide a notarized Account Maintenance form to add bank instructions to your account at a later time. In lieu of a notary stamp, a voided check may be accepted.** Please allow up to 15 business days for your banking information to be verified.

Your Bank's WIRE Instructions:

Bank Name: _____

WIRE Routing/ABA Number: _____

Account Name to Reference: _____

Account Number (for wires): _____

Bank Address (city, state): _____

Reference Information: _____
(usually your account number or account name at bank)

Your Bank's ACH Instructions:

Bank Name: _____

ACH Routing/ABA Number: _____

Your Account Number at Bank: _____

Name on Bank Account: _____

Bank Telephone Number: _____

***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. Please attach a voided check.

ATTACH VOIDED CHECK HERE

XIV. AUTOMATIC INVESTMENT PLAN

- The initial investment is reduced to \$25 in each fund if an automatic investment plan is established.
- The minimum subsequent investment is \$25 in each fund.
- We will establish your banking instructions using the voided check attached in the space provided above.

I would like to automatically invest from my bank account to my Manning & Napier Fund, Inc. account on the following basis. If you do not indicate a frequency, then we will default to monthly.

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

My contribution to the funds marked below will take place on the _____ (i.e. 15th) of the month, beginning in the month of _____ (i.e. April). I understand that if I do not indicate a date of the month, the purchase will default to the 15th of the month. If the date I select falls on a weekend or a holiday, I understand that my investment will be processed the next business day. My first draft may be delayed to next month if the begin date coincides with the verification of my banking information. Please allow up to 15 business days for banking information to be verified.

Name of Fund Series and purchase amount:

Fund Name: _____ Purchase Amount: \$ _____ (\$25 minimum per Fund Series)

Fund Name: _____ Purchase Amount: \$ _____ (\$25 minimum per Fund Series)

Fund Name: _____ Purchase Amount: \$ _____ (\$25 minimum per Fund Series)

XV. TERMS AND CONDITIONS

I certify, to the best of my knowledge, that the information contained in this document is complete and correct.

I certify that I have received and read the current prospectus of the Manning & Napier Fund Series in which I am investing.

I certify that I have the authority and legal capacity to make this purchase in accordance with the terms and conditions set forth in this application and the prospectus, and that I am of legal age in my state of residence.

I understand that this application is subject to acceptance by Manning & Napier Investor Services, Inc. the Fund's distributor and by its transfer agent.

I agree to read the prospectus for any Manning & Napier Fund Series into which I may request an exchange in the future. I understand that the terms, representations, and conditions in this application and the prospectus, as amended from time to time will apply to this account and any account established at a later date.

I authorize the Fund and its agents to act upon instructions (by phone, in writing, or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Fund nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine.

I authorize the Fund and its agents to issue credits to and make debits from the bank account set forth on this application. I agree that Manning & Napier Fund and its agents and affiliates shall be fully protected in honoring any such transaction request. I also agree that Manning & Napier Fund may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. I agree that if I submit bank information that is for a bank that does not participate in the Automated Clearing House (ACH) or provide information for a non-bank account, Manning & Napier will price my purchases at the net asset value next determined after it receives good funds.

I authorize the Fund and its agents to deliver the selected documents set forth on this application by email (eDelivery). I understand that when a new document is available, Manning & Napier Fund, Inc. will send me an email notifying me where these documents can be viewed and printed. This consent is effective immediately and will remain in effect until I revoke it. I may revoke my consent or request paper copies of any documents Manning & Napier Fund, Inc. is required to deliver to me at any time for no additional charge. I will notify Manning & Napier Fund, Inc. promptly of any change to my email address. I understand that if Manning & Napier Fund, Inc. cannot obtain a valid email address, documents may be delivered to me by US mail. I have Internet access and an email address to receive documents electronically (plus a printer or other device to print or save documents I may wish to retain). eDelivery is free, but Internet access and telephone charges may apply.

I understand that unless the boxes declining telephone/online exchanges and/or telephone/online redemptions by mail privileges are checked, I will be considered to have authorized telephone/online exchanges and telephone/online redemptions by mail from my account.

We are required to notify you that current laws may provide for the transfer of your property from the account to the appropriate state if no activity occurs in the account within the time period specified by state law.

If a Representative is listed below, I acknowledge and agree that the Representative will have the ability to effect transactions and maintenances in my account on my behalf, including by telephone. If I am no longer utilizing the services of this Representative, I understand that I must contact the Fund in order for the Representative to be removed from the account. I understand that the share class I am invested in may be exchanged for the most suitable and least expensive share class available to me.

I understand that Manning & Napier is authorized in its sole discretion to record any telephone or other communications relating in any way to the account.

I understand that the Manning & Napier Fund, Inc. Series are not being offered or provided on behalf of the federal government, and the offer is not sanctioned, recommended, or encouraged by the federal government.

Substitute W-9 - 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 Internal Revenue Service (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. citizen or other U.S. person (as defined in the Form W-9 instructions found at www.irs.gov).**
- 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 the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X		
Signature – Individual or Custodian	Print Name	Date
<hr/>		
X		
Signature – Joint Registrant (if applicable)	Print Name	Date
<hr/>		
X		
Signature – Corporate Officer, Trustee or Partner	Print Name	Date
<hr/>		
X		
Signature – Corporate Officer, Trustee or Partner	Print Name	Date
<hr/>		

XVI. DEALER OR ADVISOR DESIGNATION

If you do not have a Dealer or Advisor assisting you with this new account, please leave this section blank.

Firm Name	Firm Number
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Representative's Name	Rep. Number
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()

Telephone Number	Branch Number
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Branch Address

If applicable, please provide the name of the Manning & Napier Representative working with you: _____

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information about each person who opens an account. Your information will be reviewed against independent sources for accuracy and consistency. If in our opinion the information does not provide for adequate identity verification, we reserve the right to reject the establishment of your account. Your information will not be shared except as permitted or required by law and the Fund's privacy policy.

Mail the completed application to:

Standard Mail

Manning & Napier Fund, Inc.
P.O. Box 534449
Pittsburgh, PA 15253-4449

Overnight Mail

Manning & Napier Fund, Inc.
Attention: 534449
500 Ross Street, 154-0520
Pittsburgh, PA 15262

If you are attaching an investment check, please make your check payable to: **Manning & Napier Fund, Inc.**

If you have any questions about the Account Application, or if you need additional forms, please call 1-800-466-3863. Manning & Napier Investor Services, Inc. is the distributor of the shares of the Manning & Napier Fund, Inc.