Manning & Napier Fund, Inc.
Name Change Authorization Form

Use this form in order to update your name on your Manning & Napier Fund, Inc. account(s). Your account number(s) will remain the same. Important: Changing your name could impact other aspects of your account such as bank instructions, beneficiary information, and eDelivery. If additional changes are needed, visit www.manning-napier.com for the appropriate form or contact 1-800-466-3863 for more information.

I. ACCOUNT OWNER INFORMATION – Please print

Former Name | Account Number(s) that this change applies to

Current Name | Social Security Number

Address

City | State | Zip

( )
Daytime/Cell Phone | Email Address

☐ Check here if this is an address change. ☐ Check here if this is an email address change.

☐ Check here if this update requires that your existing banking information be updated or if you would like to add new banking information to your account (if applicable, complete section II).

II. BANKING INFORMATION

This option allows you to transfer funds electronically between your bank account and your Manning & Napier Fund, Inc. mutual fund accounts(s). 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 (EFT) service. Please confirm with your financial institution eligibility, fees, and applicable routing number(s) for ACH and/or Federal bank wire.
Note: Your Manning & Napier Fund, Inc. account and your bank account must have one owner name in common. Only one bank account can be held on your mutual fund account. Attach a voided check / deposit slip or your signature(s) must be notarized in Section IV.

Please indicate whether the bank information below is to be added to your account or should be used to modify the existing information:

☐ Add new bank information ☐ Modify / Replace existing bank information

If modifying / replacing bank information, please indicate if this new information should be applied to your existing **Automatic Investment Plan – AIP** (recurring purchases) or **Systematic Withdrawal Plan – SWP** (recurring withdrawals):

☐ Update my existing AIP with this new bank information ☐ Update my existing SWP with this new bank information

Please indicate type of account:

☐ Checking Account
- ▶ Required: Attach voided check with your full preprinted name or have this form notarized. Do not attach deposit slip.

☐ Savings Account
- ▶ Required: Attach deposit slip with your full preprinted name or have this form notarized. Please include your Bank Routing #, which is likely different than number shown on deposit slip.

Bank Name

Bank Address (City, State)

Name on Bank Account | Checking or Savings Account Number

Bank **ACH** Routing/ABA Number | Bank **WIRE** Routing Number (if different than ACH routing number) | Bank Telephone Number

Note: When adding new or modifying existing banking information, please allow up to 10-15 business days for your banking information to be verified.

III. 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 application other than the certification required to avoid backup withholding.

IV. AUTHORIZATION

Notarization from a notary public or a copy of a certified court document that authorized the name change is required.

By signing below, I request that my account(s) with Manning & Napier Fund, Inc. be updated to reflect my current name. For the purpose of inducing Manning & Napier Fund, Inc, its agents and affiliates to act upon these instructions, I agree to fully indemnify and hold harmless Manning & Napier Fund, Inc., its agents, affiliates, officers, directors, employees, successors and assigns from and against any and all losses, liabilities, claims and costs of whatever kind (including reasonable attorney's fees) resulting from or caused by transactions made in accordance with these instructions.

Please provide both your former name and current name in this section:

X _____

Former Name – Signature Date

X _____

Current Name – Signature Date

NOTARY PUBLIC SIGNATURE (if applicable)

State of _____

County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

X _____

Notary Public Signature

_____

Printed Name

_____

Commission Expiration Date (mm/dd/yyyy)

If required, place notary stamp / seal.

Mail to:

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

Overnight Mail:
Manning & Napier Fund, Inc.
Attention: 534449
1350 Penn Avenue – Suite 102
Pittsburgh, PA 15222