

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



MANNING & NAPIER FUND, INC.

P.O. Box 9845

Providence, RI 02940-8045

1-800-466-3863

**I. PARTICIPANT INFORMATION – Please Print**

Primary Contact Name(s)

( )

( )

( )

Daytime Telephone

Evening Telephone

Cell 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

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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.

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

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Social Security Number or other similar ID number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Residential or Business Street Address (PO Box not permitted) \_\_\_\_\_

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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.

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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) \_\_\_\_\_

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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 <sup>(2)</sup>	I <sup>(1)</sup>	R <sup>(2)</sup>	L <sup>(2)</sup>	Z <sup>(1)</sup>	
<b>Lifestyle Mutual Funds</b>							
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		____ % \$ _____
<b>Stock Mutual Funds</b>							
Disciplined Value		<input type="checkbox"/> 226				<input type="checkbox"/> 1126	____ % \$ _____
Equity <sup>(2)</sup>		<input type="checkbox"/> 122					____ % \$ _____
Real Estate		<input type="checkbox"/> 127				<input type="checkbox"/> 1127	____ % \$ _____
<b>Foreign Mutual Funds</b>							
Overseas		<input type="checkbox"/> 221				<input type="checkbox"/> 1121	____ % \$ _____
Rainier International Discovery		<input type="checkbox"/> 265				<input type="checkbox"/> 1165	____ % \$ _____
<b>Taxable Bond Mutual Funds</b>							
Core Bond		<input type="checkbox"/> 123				<input type="checkbox"/> 1123	____ % \$ _____
High Yield Bond		<input type="checkbox"/> 128				<input type="checkbox"/> 1128	____ % \$ _____
Unconstrained Bond		<input type="checkbox"/> 124	<input type="checkbox"/> 224				____ % \$ _____
<b>Tax Exempt Mutual Funds</b>							
Diversified Tax Exempt		<input type="checkbox"/> 109					____ % \$ _____
NY Tax Exempt		<input type="checkbox"/> 110					____ % \$ _____

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.

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## 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. Amount: \$ \_\_\_\_\_  Check is enclosed  Check to follow
- I (We) will send a bank wire from \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Bank Name
- 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 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.

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## 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 Electronic Funds Transfer (EFT) to your bank account, please complete the Banking Information section in Section XIII.

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## 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.

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## IX. TELEPHONE SERVICES

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

**Telephone Redemptions:** **Unless otherwise indicated below, you will automatically receive the Telephone Redemption privilege,** which allows 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 Redemption privilege

**Telephone Purchases from your Bank:** **Unless otherwise indicated below, you will automatically receive the Telephone Purchase from your Bank privilege** 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. We will debit your bank account designated in Section XIII. Your bank must be a member of the Automated Clearing House (ACH) in order to use this service.

- I do not want the Telephone Purchase from your Bank privilege

**Telephone Exchanges:** **Unless otherwise indicated below, you will automatically receive the Telephone Exchange privilege,** which allows you (or your Authorized Representative) to make exchanges between Manning & Napier Fund Series by telephone.

- I do not want the Telephone Exchange privilege

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**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 Telephone	Evening Telephone	Cell Phone	

Email Address

2.

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

Email Address

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**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.

**Authorized Individual(s):****Relationship to you:**

1. _____	_____
2. _____	_____

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**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

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**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. **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 provide your bank information below and attach a voided check. 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: \_\_\_\_\_

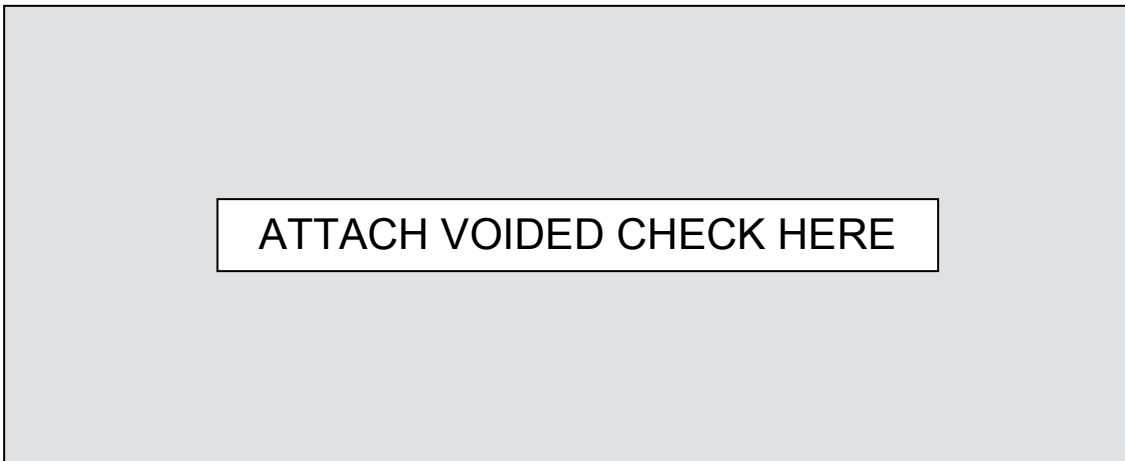
**ACH** Routing/ABA Number: \_\_\_\_\_

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.



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**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. 15<sup>th</sup>) 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 15<sup>th</sup> 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)





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**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.

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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: \_\_\_\_\_

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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 9845  
Providence, RI 02940-8045

**Overnight Mail**

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

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.