

Manning & Napier Fund, Inc.
SIMPLE Individual Retirement Account (IRA)
Distribution Request Form



This form is not intended for required minimum distributions, trustee to trustee transfers, or conversion requests.

I. PARTICIPANT INFORMATION – Please Print

_____	()	_____
Name	Daytime/Cell Phone	
_____	()	_____
Address	Alternate Phone	
_____	_____	_____
City	State	Zip
_____	_____	_____
Social Security Number	Date of Birth	
_____	_____	_____
Account Number	SIMPLE IRA – Year First Established*	

Complete the following if you are a beneficiary requesting a full liquidation of the inherited proceeds.

_____	()	_____
Beneficiary Name	Daytime/Cell Telephone	
_____	()	_____
Address	Alternate Phone	
_____	_____	_____
City	State	Zip
_____	_____	_____
Social Security Number	Date of Birth	

Note: For trustee to trustee transfers, please complete the appropriate receiving custodian’s trustee to trustee transfer form. This form is not intended to facilitate a beneficiary/inherited IRA transfer due to death. For revocations, refer to the SIMPLE Individual Retirement Account (IRA) Disclosure Statement for instructions and information regarding your revocation rights. All required documentation must be received in good order before the distribution request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Participant Authorization Section for an explanation of the Medallion Signature Guarantee.

* A distribution received before you attain age 59½ is considered a premature distribution and is subject to a penalty tax equal to 10% of the distribution unless an exception applies (see “Early Distributions from a SIMPLE IRA” in your SIMPLE IRA Disclosure Statement). If the premature distribution is made prior to satisfying the required two year holding period (2 years from the date on which you first participated in a SIMPLE IRA maintained by your employer) and no exception applies, then the penalty tax is increased to 25%.

II. REASON FOR DISTRIBUTION

The distribution is being made for the following reason (check one):

- 1. Normal distribution – You are age 59½ or older.
- 2. Early (premature) distribution – You are under age 59½, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons.
- 3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code. **You must complete and review Section IV – part A. 4**
- 4. Death/Beneficiary liquidation – The **Date of Death of the Owner of the account MM/DD/YYYY is required: _____/_____/_____**, contact Shareholder Services regarding additional document requirements.
- 5. Permanent disability – You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code*.
- 6. Transfer incident due to divorce or legal separation – Contact Shareholder Services regarding any additional document requirements.
- 7. Removal of excess – You must complete **Section III (Excess Contribution Election)** in its entirety.
- 8. Direct rollover to a Qualified Plan, 401(k), TSP or 403(b) – You are certifying that the receiving custodian will accept the IRA assets issued and that you have satisfied the required two-year holding period.
- 9. Qualified Reservist Distribution
- 10. Qualified Hurricane Distribution
- 11. Qualified Birth or Adoption Distribution as defined in section 72(t)(2) of the Internal Revenue Code

* For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

III. EXCESS CONTRIBUTION ELECTION

Instructions for the Participant: You must indicate how the return of excess should be distributed in **Section IV - DISTRIBUTION AMOUNT (subsection B)**. A check for the proceeds will be mailed to your address of record unless the amounts are attributable to employer contributions that are being returned to the employer with your authorization. Amounts returned as excess contributions are not eligible for rollover.

Important: Please consult with your employer to discuss the appropriate steps to correct excess contributions. Amounts deferred to your SIMPLE IRA in excess of the allowable limit may be subject to a non-deductible excise tax of 6% for each year until the excess is removed. The 6% excise tax on excess contributions will not apply if the excess contribution and earnings allocable to it are distributed by April 15th of the year following the annual deferral.

Earnings on Salary Deferral and Employer Contributions - For the purpose of the excess contribution, we will calculate the net income attributable ("NIA") to the contribution using the method provided for in the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. This method calculates the NIA based on the actual earnings and losses of the SIMPLE IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution. The IRS may impose an early distribution penalty tax on the earnings if you are under age 59½. You must file IRS Form 5329 to report any excise tax.

SALARY DEFERRAL CORRECTIONS

Excess Salary Deferral: \$ _____ Date Deposited: _____

Salary deferral excess is being corrected: (Select either A, B, or C)

- A. Within the same calendar that the excess deferral was deposited. Earnings (if any) will be calculated through the date of correction.
- B. Between January 1st and April 15th following the calendar year in which excess deferral was deposited. Earnings (if any) will be calculated based on the December 31st value for the deferral calendar year.
- C. After April 15th following the calendar year in which the excess deferral was deposited. Earnings (if any) will be calculated through the date of correction.

EMPLOYER CONTRIBUTION CORRECTIONS – (Employer signature required)

Excess Employer Contribution: \$ _____ Date Deposited: _____

Important: The participant must complete Section IV - DISTRIBUTION AMOUNT (subsection B) and sign the Participant Authorization section to facilitate this request. Please indicate how we should distribute the proceeds:

Earnings (if any) will be calculated through the date of correction.

The check will be made payable to the company and mailed to the following address:

_____ ()			
Company Name	Phone Number		
Address	City	State	Zip
Employer's Signature (required)	Date		
Employer's Printed Name (required)			

IV. DISTRIBUTION AMOUNT – Complete Sections A and B

A. Choose One

- 1. Liquidate Entire Account
- 2. One-Time Partial Distribution of: \$ _____
- 3. Systematic Distributions – Specify Amount: \$ _____

Specify Day of the Month*: 5th 15th 25th Other _____ Specify Start Date¹: _____

Specify Frequency: Monthly Quarterly Semi-Annually Annually

*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.

¹Please allow up to 5 business days from receipt of this form to process your first automatic distribution. If adding new banking information in Section VI, 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.

- 4. 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^A

^ABeneficiary's Name _____ Date of Birth _____

Specify Frequency: Monthly Quarterly Semi-Annually Annually

I acknowledge I have consulted with a qualified tax professional and *IRS Publication 590-B; Distributions from Individual Retirement Arrangements (IRAs)*. I understand I am solely responsible for determining the amount to distribute and for monitoring if a modification of the SEPP under Section 72(t) has occurred. Neither the custodian nor the plan sponsor will monitor the SEPP. I understand the custodian does not report SEPP distributions on IRS Form 1099-R as exempt from the early distribution penalty and that I am expected to file IRS Form 5329 along with my income tax return to the IRS to claim a penalty tax exception for this reason.

B. Choose one:

Distribute proportionally across all funds, (or)

Distribute as indicated below:

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

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

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

Total Amount: \$ _____ or Percentage: 100%

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

RESTRICTIONS ON INDIRECT (60-DAY) ROLLOVERS

An IRA participant is allowed only one rollover from one IRA to another (or the same IRA) across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs) – "Application of one-rollover-per-year limitation."

V. PAYMENT INSTRUCTIONS – (Excluding employer excess contribution corrections).

Mail to Address of Record – (if you elected a Direct Rollover to a qualified plan or 403(b) you must complete the receiving custodian below²)

Mail to my Forwarding Address – Medallion Signature Guarantee required if the address is not on file.

Attention _____

Street _____ City _____ State _____ Zip _____

Mail for Deposit – Check will be made payable to the registered IRA account owner and mailed to the following address. **Medallion Signature Guarantee is required.**

Financial Institution C/O _____ Account Number _____

Street _____ City _____ State _____ Zip _____

Qualified Plan, 401(K), TSP, or 403(b) Direct Rollover Deposit – Check will be made payable to the receiving custodian. **Medallion Signature Guarantee is required.**

ONLY COMPLETE THIS OPTION IF YOU ELECTED A DIRECT ROLLOVER TO A QUALIFIED PLAN OR 403(B) IN SECTION III A. DO NOT USE THIS OPTION FOR ANY OTHER PAYMENT INCLUDING MOVING ASSETS TO AN IRA CUSTODIAN

Type of plan receiving IRA assets:

401(k) (403(b)) TSP 457 plan other employer sponsored qualified plan

²Receiving Custodian _____ Account Number _____

Street _____ City _____ State _____ Zip _____

Purchase into my Non-Retirement Account

Application attached with investment instructions (or)

Existing Account Number: _____

Invest proportionately across all fund(s) (or) Invest in (Fund Name): _____

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 and Federal Reserve in order for you to use the Electronic Transfer Funds Service.

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

Bank Name _____ Bank Routing/ABA Number _____

Bank Phone Number _____ Your Account Number at Bank _____

Name of Your Account at Bank _____

Send a Wire Transfer to my Bank Account

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

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

Bank Name Bank Routing/ABA Number (for wires)

Bank Phone Number Your Account Number at Bank

Name of Your Account at Bank

VI. TAX WITHHOLDING ELECTION

A. Federal Withholding: Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect a withholding rate of 0% below or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You understand that your below election will remain in effect until such time as you make a different election with the Custodian.

Please select one of the following:

I elect federal income tax withholding of 0%, do not withhold federal income tax from my distributions.*

I elect federal income tax withholding of _____% must be a whole percent, you may elect any rate from 1% to 100%.*

See the attached Form W-4R Withholding Certificate for Nonperiodic Payments which has the **Marginal Rate Tables** and **"Suggestion for determining withholding"** instructions. You may use these tables and instructions to help you select the appropriate withholding rate.

*Generally, you can't elect less than 10% federal income tax withholding for payments to be delivered outside the United States and its possessions.

B. State Withholding: Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements. If you are completing this form, your below election will remain in effect until such time as you make a different election in writing to the Custodian.

I elect **NOT TO** have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).

I elect **TO** have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes (for residents of states that allow voluntary state tax withholding).

\$ _____ or _____ %

VII. PARTICIPANT AUTHORIZATION

I certify that I am the individual authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Manning & Napier Fund, Inc., or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian 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 Custodian, Manning & Napier Fund, Inc., and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

X

Authorized Signature* Date

*Beneficiary's Signature for inheritance liquidations

Please review the Manning & Napier Fund, Inc. prospectus for Medallion Signature Guarantee stamp requirements.

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. Please review the Manning & Napier Fund, Inc. prospectus for MSG Stamp requirements.

Place Medallion Guarantee stamp and signature in box (if applicable):

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
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Substitute W-4R 2024 - Withholding Certificate for Nonperiodic Payments – For use with IRAs ONLY

Where instructed to provide your withholding election on “line 2” use the space provided on the attached form under “Federal Income Withholding Election.”

2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See below for more information on how to use this table.

Single or Married filing Separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

*If married filing separately, use \$380,200 instead for this 37% rate.

General Instructions: Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 2 - More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables above to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700 is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter “13” on line 2.