

Please complete this form if you would like to make changes or add options to your existing Managers account(s). Please refer to the Fund prospectus for more detailed information on each of the account options and for medallion signature guarantee requirements. Return completed forms in the enclosed postage-paid envelope or send to: **Managers Funds, Shareholder Services, P.O. Box 9769, Providence, RI 02940-9769.**

**Call 800.548.4539 PLEASE PRINT IN CAPITAL LETTERS/USE BLUE OR BLACK INK/COMPLETE ALL SECTIONS**

**Basic Information**

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Security Number	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Month	Day	Year
Fund — Account Number	Fund — Account Number	
<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>	
Fund — Account Number		
<input type="text"/> - <input type="text"/>		

**Account Option Selection**

Please check appropriate box below and complete the corresponding section. **You need only complete the section relevant to your request.** Once completed, sign the "Shareholder Authorization" at the end of the form.

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Change of Address            | <input type="checkbox"/> 5. Change of Bank Information       |
| <input type="checkbox"/> 2. Additional Mailing Addresses | <input type="checkbox"/> 6. Dividend/Capital Gains Options   |
| <input type="checkbox"/> 3. Link Accounts                | <input type="checkbox"/> 7. Designate/Change IRA Beneficiary |
| <input type="checkbox"/> 4. Telephone Privileges         |  |

**1 Change of Address (New Address)**

Permanent Street Address (including apartment or suite number). P.O. Box is not permitted.

<input type="text"/>		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Home Phone	Business Phone	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Email Address (if applicable)		
<input type="text"/>		

Note: For your safety, there is a hold on redemptions for 30 days after an address change.

**2 Additional Mailing Address**

Please complete this section if you would like copies of your quarterly statements sent to an additional mailing address.

Name of Individual or Corporation	Daytime Telephone Number	
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Address		
<input type="text"/>		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

### 3 Link Accounts

Please complete this section if you would like copies of your quarterly statements sent to an additional mailing address.

Fund — Account Number

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Fund — Account Number

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Fund — Account Number

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Fund — Account Number

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### 4 Telephone Privileges

- For future redemptions, please add the Telephone Redemption Privilege to my account. I authorize the Transfer Agent to honor telephone redemption requests believed to be authentic.
- For future exchanges, please add the Telephone Exchange Privilege to my account. I authorize the Transfer Agent to honor telephone redemption requests believed to be authentic.

Note: Neither the Fund, nor the Transfer Agent, nor their respective affiliates, will be liable for any loss, damage, cost or expense in acting on such telephone instructions they reasonably believe to be genuine. The affected shareholder(s) will bear the risk of any such loss or damages. The Fund, nor the Transfer Agent, or both, will employ reasonable procedures to determine that telephone instructions are genuine. If the Fund and/or the Transfer Agent do not employ such procedures, they may be liable for losses due to unauthorized or fraudulent instructions. These procedures may include, among others, requiring forms of personal identification prior to acting upon telephone instructions, providing written confirmation of the transaction, and/or the tape recording of telephone instructions.

### 5 Change of Bank Information

Please change my bank information from:

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

Checking  Savings

Account Owner(s) \_\_\_\_\_

Account Number

—

ABA Number (first 10 digits before check number on bottom of check)

New bank information (Please attach a voided check)

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

Checking  Savings

Account Owner(s) \_\_\_\_\_

Account Number

—

ABA Number (first 10 digits before check number on bottom of check)

For item 5, if required. Please tape a voided check in the space at right.

John Doe	000
1234 5th Street	
Anytown, USA 98765	Please tape a voided check here.
<b>VOID</b>	
\$ <input type="text"/>	
For deposits or withdrawals to your checking account, please tape a voided check so we may obtain bank account information. Do not submit a starter check. (Please do not staple.)	



**SPOUSAL CONSENT**

**This section is reviewed if the Depositor is married and designates a beneficiary other than the spouse. It is the Depositor’s responsibility to determine if this section applies. The Depositor may need to consult with legal counsel. Neither the Custodian nor the Sponsor is liable for any consequences resulting from a failure of the Depositor to provide proper spousal consent.**

I am the spouse of the above-named Depositor. I acknowledge that I have received a full reasonable disclosure of my spouse’s property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby consent to the beneficiary the designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

\_\_\_\_\_  
(X) Signature of Spouse

\_\_\_\_\_  
Date

*I hereby revoke all my prior designations and designate the above-mentioned person or persons to receive any interest remaining in the IRA upon my death.*

\_\_\_\_\_  
(X) Signature of IRA Account Participant

\_\_\_\_\_  
Date

**8 Shareholder Authorization**

**Required for all requests**

I/We hereby authorize PNC Global Investment Servicing, Transfer Agent for Managers Funds, to add or change options or information to my/our account(s) as indicated in the preceding section. I/We have read the Fund prospectus. All account owners must sign.

\_\_\_\_\_  
(X) Signature of Account Owner or Custodian for a Minor’s Account

\_\_\_\_\_  
Date

\_\_\_\_\_  
(X) Signature of Joint Tenant (if any)

\_\_\_\_\_  
Date

**MEDALLION SIGNATURE GUARANTEE\***

To protect you and Managers from fraudulent activities, your signature(s) must be guaranteed if any of these situations apply: If you elect the Telephone Redemption option or the Automatic Withdrawal Plan. If you are instructing us to change our bank information, if the check for a distribution or redemption is being made payable to someone other than address of record.

**How to obtain a Medallion Signature Guarantee:**

You should be able to obtain a Medallion signature guarantee from a bank, broker dealer, credit union (if authorized) under state law, securities exchange or association, clearing agency, or savings association.

*\*Notary not accepted.*

**Medallion Signature Guarantee**

Please affix  
Medallion Signature Guarantee Stamp



**Managers**