

If you would like to designate a beneficiary to your account, please complete this form. One form must be completed for each account. **ALL SECTIONS OF THE TRANSFER ON DEATH REGISTRATION FORM MUST BE COMPLETED.** Please return to: **Managers Funds, Shareholder Services, P.O. Box 9769, Providence, RI 02940-9769.**

PLEASE PRINT IN CAPITAL LETTERS

Call 800.548.4539

1. Please Provide Some Basic Information

Account Number -

Name *First* *MI* *Last*

Social Security Number/Tax ID Number

Name (If Joint Tenant with Rights of Survivorship)

Social Security Number/Tax ID Number

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Daytime Phone

2. Please Designate Your Primary Beneficiary(ies)

I designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account upon my death. If there is more than one (1) primary beneficiary named to the account, each primary beneficiary will own an equal percentage of the account upon my death. If there are more than three (3) primary beneficiaries, please include information on a separate piece of paper.

Name Social Security Number Date of birth (mm/dd/yy)

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Address Telephone Number

Name Social Security Number Date of birth (mm/dd/yy)

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Address Telephone Number

Name Social Security Number Date of birth (mm/dd/yy)

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Address Telephone Number

3. Signature of all Holders

Each of the undersigned instructs PFPC Inc. ("PFPC"), the transfer agent for the Managers Funds ("Managers"), to register the above-referenced account ("Account") in Transfer on Death ("TOD") form and directs PFPC, upon death of the last surviving owner, to transfer the Account, including unpaid distributions, to the beneficiaries designated above in accordance with this instruction and the Terms and Conditions for Transfer on Death Beneficiary Designation ("Terms"), as amended from time to time, and certifies that they have full right, power, authority, and legal capacity to register the Account in TOD form. Each of the undersigned agrees to release Managers, PFPC and their trustees, directors, affiliates, agents and representatives from all claims, demands, suits, actions, liabilities and responsibilities whatsoever; agrees to indemnify them from any and all liabilities, cost or expenses whatsoever, including attorneys' fees, for acting in good faith in accordance with this instruction; agrees that all terms of this form and the Terms shall be binding upon each of undersigned heirs, representatives and assignees; and agrees that any transfer pursuant to this instruction is subject to the condition that PFPC and Managers will be entitled to attach or debit the account of the TOD beneficiary(ies) to the extent necessary to enforce their rights to this indemnity. All previous designations for the Account listed in Section 1 are revoked.

(X) Signature Date

(X) Signature of Joint Tenant - if any Date

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