

In order to make any of the changes listed below, please complete this form and mail it to the address on the last page. Alternatively, to update your account information online visit our website at www.fairholmefunds.com and select MY ACCOUNT (with the exception of Send/Stop Duplicate Account Statements and Name Change at this time). For assistance or questions, please contact Shareholder Services at (866) 202-2263.

| PLEASE SELECT THE API       | PLICABLE OPTION(S                                                        | 5):                    |                       |     |         |  |  |  |
|-----------------------------|--------------------------------------------------------------------------|------------------------|-----------------------|-----|---------|--|--|--|
| ☐ Change Address/Phone      | e/Email (Section 1 and                                                   | 10)                    |                       |     |         |  |  |  |
| ☐ Change Dividend/Capit     | Change Dividend/Capital Gain Distribution Options (Sections 2, 8 and 10) |                        |                       |     |         |  |  |  |
| ☐ Send/Stop Duplicate A     |                                                                          |                        |                       |     |         |  |  |  |
| ☐ Modify Telephone and      |                                                                          |                        |                       |     |         |  |  |  |
| ☐ Modify Automatic Inves    |                                                                          |                        |                       |     |         |  |  |  |
| Add or Update Bank In       | Add or Update Bank Information (Sections 8, 10 and 11)                   |                        |                       |     |         |  |  |  |
| Name Change (Section 9)     |                                                                          |                        |                       |     |         |  |  |  |
|                             |                                                                          |                        |                       |     |         |  |  |  |
| EXISTING ACCOUNT INF        | ORMATION - REQUI                                                         | RED                    |                       |     |         |  |  |  |
| Information on this form ap | nling to the following A                                                 | accunt(a):             |                       |     |         |  |  |  |
|                             | plies to the following A                                                 | . ,                    |                       |     |         |  |  |  |
| Account Number(s):          | Accounts As                                                              | ssociated with SSN/TIN | :                     |     |         |  |  |  |
| 1                           |                                                                          | 1                      |                       |     |         |  |  |  |
| 2                           |                                                                          | 2                      |                       |     |         |  |  |  |
| 3                           |                                                                          | 3                      |                       |     |         |  |  |  |
| Owner's Name                |                                                                          |                        |                       |     |         |  |  |  |
| owner o Namo                | First                                                                    | Middle                 | Last                  |     |         |  |  |  |
| Current Address             |                                                                          | City                   | State                 | Zip | Country |  |  |  |
| Joint Owner's Name          |                                                                          |                        |                       |     |         |  |  |  |
|                             | First                                                                    | Middle                 | Last                  |     |         |  |  |  |
| 1. CHANGE ADDRESS/PI        | HONE/EMAIL                                                               |                        |                       |     |         |  |  |  |
|                             |                                                                          |                        |                       |     |         |  |  |  |
| New Address                 |                                                                          | City                   | State                 | Zip | Country |  |  |  |
| New Daytime Telephone       |                                                                          | New Evenin             | New Evening Telephone |     |         |  |  |  |
| New Email Address           |                                                                          |                        |                       |     |         |  |  |  |

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## **ACCOUNT MAINTENANCE FORM**

| 2. CHANGE DIVIDEND/CAPITAL GAIN DISTRIBUTION OPTIONS |                                                                                                                                                                                                                           |                                                                                                                                                                                                      |                                            |                     |         |  |  |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------|---------|--|--|
|                                                      | Reinvest all income and capital gains.                                                                                                                                                                                    | ☐ Pay all                                                                                                                                                                                            | Pay all income and capital gains in cash.* |                     |         |  |  |
|                                                      | Pay income in cash and reinvest capital gains.*                                                                                                                                                                           | * If you wish to have payment sent to your bank, please furnish us with your bank information in Section 8 and complete sections 10 and 11. If not, a check will be mailed to the address of record. |                                            |                     | -       |  |  |
| 3. I                                                 | DUPLICATE ACCOUNT STATEMENTS                                                                                                                                                                                              |                                                                                                                                                                                                      |                                            |                     |         |  |  |
|                                                      | Please send duplicate account statements to:                                                                                                                                                                              |                                                                                                                                                                                                      |                                            |                     |         |  |  |
|                                                      | Please stop sending duplicate account statements to:                                                                                                                                                                      |                                                                                                                                                                                                      |                                            |                     |         |  |  |
| Nar                                                  | me                                                                                                                                                                                                                        |                                                                                                                                                                                                      |                                            |                     |         |  |  |
|                                                      | First                                                                                                                                                                                                                     | Middle                                                                                                                                                                                               | Last                                       |                     |         |  |  |
| Add                                                  | dress                                                                                                                                                                                                                     | City                                                                                                                                                                                                 | State                                      | Zip                 | Country |  |  |
| <b>4</b> 1                                           | TELEPHONE AND ONLINE <i>purchase</i> privileg                                                                                                                                                                             | FC.                                                                                                                                                                                                  |                                            |                     |         |  |  |
| -                                                    | TEEL HORE AND ONE HE TONOMAGE I HIVIELD                                                                                                                                                                                   |                                                                                                                                                                                                      |                                            |                     |         |  |  |
|                                                      | I (We) authorize BNY Mellon Investment Servicing (US) Inc. and Fairholme Funds Inc. to act upon instructions received by telephone and                                                                                    |                                                                                                                                                                                                      |                                            |                     |         |  |  |
|                                                      | online from me (us) to purchase shares of the Fairholme Funds (via Automated Clearing House (ACH) only). Complete Sections 8, 10 and 11                                                                                   |                                                                                                                                                                                                      |                                            |                     |         |  |  |
|                                                      | Please remove Telephone and Online Purchase Privileges from my (our) account. Complete Section 10                                                                                                                         |                                                                                                                                                                                                      |                                            |                     |         |  |  |
|                                                      |                                                                                                                                                                                                                           |                                                                                                                                                                                                      |                                            |                     |         |  |  |
| 5.                                                   | TELEPHONE AND ONLINE <i>Exchange</i> Privileg                                                                                                                                                                             | iES                                                                                                                                                                                                  |                                            |                     |         |  |  |
|                                                      | I (We) authorize BNY Mellon Investment Servicing (US) Inc. and Fairholme Funds Inc. to act upon instructions received by telephone and online from me (us) to exchange shares of the Fairholme Funds. Complete Section 10 |                                                                                                                                                                                                      |                                            |                     |         |  |  |
|                                                      | Please remove Telephone and Online Exchange Privileges from my (our) account. Complete Section 10                                                                                                                         |                                                                                                                                                                                                      |                                            |                     |         |  |  |
|                                                      |                                                                                                                                                                                                                           |                                                                                                                                                                                                      |                                            |                     | 2 01111 |  |  |
| <b>b.</b>                                            | TELEPHONE AND ONLINE REDEMPTION PRIVIL                                                                                                                                                                                    | EGES – AVAILABLI                                                                                                                                                                                     | E FUK NUN-KETIKEI                          | WENT ACCOUNTS       | S UNLY  |  |  |
|                                                      | I (We) authorize BNY Mellon Investment Servicing (US) Inc. and Fairholme Funds Inc. to act upon instructions received by telephone and online from me (us) to redeem shares of the Fairholme Funds.                       |                                                                                                                                                                                                      |                                            |                     |         |  |  |
| Hov                                                  | v would you like to receive your proceeds?                                                                                                                                                                                |                                                                                                                                                                                                      |                                            |                     |         |  |  |
|                                                      | $\square$ By check mailed to my (our) address on file                                                                                                                                                                     | Complete Section 10                                                                                                                                                                                  | 0                                          |                     |         |  |  |
|                                                      | $\ \square$ Federal Reserve wire to my (our) bank (you                                                                                                                                                                    | r bank may deduct a                                                                                                                                                                                  | wire fee) Complete Se                      | ctions 8, 10 and 11 | l       |  |  |
|                                                      | ☐ Via Automated Clearing House (ACH) (no fee                                                                                                                                                                              | e)** Complete Section                                                                                                                                                                                | ns 8, 10 and 11                            |                     |         |  |  |
|                                                      | Please remove Telephone or Online Redemption Privileges from my (our) account. Complete Section 10                                                                                                                        |                                                                                                                                                                                                      |                                            |                     |         |  |  |
|                                                      |                                                                                                                                                                                                                           |                                                                                                                                                                                                      |                                            |                     |         |  |  |

 $\ensuremath{^{**}}$  Please attach a check marked "VOID" for the bank account designated in this option.

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| 7. MUDIFY AUTUMAI                           | IC INVEST          | MENI PLAN                                           |                                              |                                                        |                      |                                                            |
|---------------------------------------------|--------------------|-----------------------------------------------------|----------------------------------------------|--------------------------------------------------------|----------------------|------------------------------------------------------------|
| ☐ Add/Update ☐ R                            | Remove             |                                                     |                                              |                                                        |                      |                                                            |
| Check below to have co                      | ntributions        | drawn directly from yo                              | our account and inv                          | ested in your Fairholme I                              | -unds account.       |                                                            |
| Please withdraw (\$250                      | minimun) fr        | om my bank checking                                 | /savings account to                          | purchase shares as ind                                 | icated below:        |                                                            |
| ☐ 5th of the Month                          | or                 | 20th of the Mont                                    | th Paym                                      | ent Amount \$                                          |                      |                                                            |
| MUST ATTACH A VOI<br>a member of the Automa |                    |                                                     | account or a saving                          | gs account deposit slip to                             | o ensure proper pro  | ocessing. Your bank must be                                |
| Co-Signer Authoriza                         | <b>tion:</b> Any c | o-signer of the checki                              | ng/savings account                           | must authorize this serv                               | rice by signing belo | W                                                          |
| Co-Signer Name                              | First              | Middle Last                                         | Signature _                                  |                                                        | Da                   | te//                                                       |
| 8. ADD OR UPDATE B                          | ANK INFO           | RMATION                                             |                                              |                                                        |                      |                                                            |
| ☐ Please update m                           | ny bank in         | formation. (Your si                                 | gnature(s) must                              | be Medallion Signatu                                   | ıre Guaranteed i     | n Section 10 and 11)                                       |
| Name of Bank                                |                    |                                                     | Bank AB                                      | A/Routing Number                                       |                      |                                                            |
| Bank Address                                |                    |                                                     | City                                         |                                                        | State                | Zip                                                        |
| Name of Account                             |                    |                                                     | Account                                      | Number                                                 |                      |                                                            |
| MUST ATTACH A VOI<br>a member of the Automa |                    |                                                     | account or a savin                           | gs account deposit slip to                             | o ensure proper pro  | ocessing. Your bank must be                                |
| 9. NAME CHANGE                              |                    |                                                     |                                              |                                                        |                      |                                                            |
| ``                                          | gnatures mo        | ust be guaranteed. If the<br>egarding Medallion Sig | nis is a jointly owne<br>nature Guarantee is | d account, other joint ow<br>s contained in Section 11 | ` '                  | ave their signature(s) guar-<br>dating bank information in |
| Former name (print)                         |                    | rst Middle Last                                     |                                              | _ New Name (print)                                     |                      | liddle Last                                                |
| Former signature                            |                    |                                                     |                                              | _ New signature                                        |                      | Last                                                       |
| GUARAN                                      | TOR TO PLA         | ACE STAMP HERE                                      |                                              | GUARA                                                  | NTOR TO PLACE ST     | AMP HERE                                                   |
|                                             |                    |                                                     |                                              |                                                        |                      |                                                            |

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## 10. SIGNATURE(S) - REQUIRED

| Please sign exactly as the account is registered. All owners must sign. |         |
|-------------------------------------------------------------------------|---------|
| Individual/Custodian/Trustee/Officer                                    | Date/// |
| Individual/Custodian/Trustee/Officer                                    | Date//  |
| Individual/Custodian/Trustee/Officer                                    | Date/// |

## 11. MEDALLION SIGNATURE GUARANTEE

If you have updated bank information in Section 8, or are the joint owner of an owner who has changed their name in Section 9, you must have your signature(s) in Section 10 Medallion Signature Guaranteed here.

A NOTARY PUBLIC IS NOT AN ACCEPTABLE GUARANTOR.

You can obtain a Medallion Signature Guarantee from a domestic bank or trust company, broker, dealer, clearing agency, savings association, or other financial institution which is participating in a medallion program recognized by the Securities Transfer Association. The three recognized medallion programs are Securities Transfer Agents Medallion Program (STAMP), Stock Exchanges Medallion Program (SEMP) and New York Stock Exchange, Inc. Medallion Signature Program (NYSE MSP). Signature guarantees from financial institutions which are not participating in one of these programs will not be accepted. It is imperative that the proper prefix and ink be used by the institution affixing the Medallion Signature Guarantee in order to process your request.

GUARANTOR TO PLACE STAMP HERE

First Class Mail Fairholme Funds, Inc. P.O. Box 534443 Pittsburgh, PA 15253-4443 Overnight/Express Mail

Fairholme Funds, Inc. Attention: 534443 500 Ross Street, 154-0520 Pittsburgh, PA 15262 (866) 202-2263

- If you elect not to have telephone and online privileges, future redemption requests may, in certain circumstances, require a Medallion Signature guarantee. See the Funds' prospectus for additional details.
- 2. If I (we) selected to authorize telephone and online purchases, redemptions and/or exchanges of shares, I (we) relieve the Funds or BNY Mellon Investment Servicing (US) Inc. or Fairholme Funds Inc. of any liability for the loss, cost or expense for acting upon such instructions believed to be from me (us).
- 3. I (We) assume responsibility for notifying the Funds within seven (7) business days if a confirmation for the transaction is not received or is incorrect.
- 4. If an exchange involves an initial investment in a Fund, the account registration will carry the same registration as set forth above.
- 5. An exchange deemed to be the initial purchase of a Fund must meet the minimum initial investment requirement per Fund policy.
- 6. Redemptions within 60 days of purchase may be subject to a 2% redemption fee charged by The Fairholme Fund.

**FAIRHOLME**