



When complete please return to **Selected Funds, P.O. Box 8243, Boston, MA 02266-8243.**  
 For overnight mail: **Selected Funds, 30 Dan Rd, Canton, MA 02021-2809.** For assistance please call **Investor Services**  
 at **1-800-243-1575.** Funds are available for purchase by U.S. Citizens or resident aliens only.

# Account Application

For Non-Business Registrations

**TO ENSURE PROPER PROCESSING, PLEASE PRINT CLEARLY IN CAPITAL LETTERS USING BLACK INK**

## A. PURCHASE METHOD AND ALLOCATION

If you do not indicate the share class in Part 2, Class S shares will be purchased.

### 1. Purchase Method

Check enclosed for \$\_\_\_\_\_ payable to Selected Funds.

**NO THIRD PARTY CHECKS, STARTER CHECKS, TRAVELER'S CHECKS OR MONEY ORDERS, PLEASE.**

Account will be funded by a Transfer or Change of Ownership.

### 2. Allocation

**Dollar Amount**

**Class S** (\$1,000 minimum per fund)

**Class D** (\$10,000 minimum per fund)

Selected American Shares \$\_\_\_\_\_

(205)

(1023)

Selected International Fund \$\_\_\_\_\_

(204)

(1022)

## B. COST BASIS INFORMATION

Federal law requires mutual fund companies to report cost basis information to shareholders and to the Internal Revenue Service (IRS) on mutual fund shares acquired and subsequently redeemed after January 1, 2012. In order to provide you and the IRS with accurate cost basis accounting, you are being asked to select a cost basis method for the fund(s) within this new account.

You may want to consult your tax adviser to determine which method best suits your individual tax situation.

If you do not elect a method, the Fund default method of Average Cost will apply until such time that it is revoked or changed by you.

**Please choose one of the following available cost basis methods:**

- Average Cost (ACST)—The purchase price of all covered shares in the account are averaged.
- First In, First Out (FIFO)—Depletes shares beginning with the earliest acquisition date.
- Last In, First Out (LIFO)—Depletes shares beginning with the most recent acquisition date.
- High Cost (HIFO)—Depletes shares beginning with the most expensive shares.
- Low Cost (LOFO)—Depletes shares beginning with the least expensive shares.
- Loss/Gain Utilization (LGUT)—Depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares.
- Specific Lot Identification (SLID)—You will inform us at the time of redemption which specific share lots you want redeemed.\*

\*If selecting Specific Lot Identification, you must choose a secondary method to be used for all systematic redemptions, for redemptions placed without identifying a specific share lot, or when identified lots are unavailable/insufficient to satisfy the requested redemption. Average Cost can not be used as your secondary method. If no secondary method is selected, FIFO will be used.

**Please choose one of the following as your secondary method:**

- First In, First Out (FIFO)
- Last In, First Out (LIFO)
- High Cost (HIFO)
- Low Cost (LOFO)
- Loss/Gain Utilization (LGUT)

Your elected cost basis method will be applied to all funds chosen for this **new account**. Should you wish to make a different cost basis election for one or all of the various funds within this account, please call Investor Services for additional instructions at 1-800-243-1575.

**C. ACCOUNT REGISTRATION**

(Check only one.)

**Single or Joint Account (Complete 1)**

**Transfer on Death (Complete 1 and 2)**

**Fiduciary Accounts (Complete 3)  
(UTMA/UGMA, Trust, Estate)**

**1. Single or Joint Account.** Joint ownership means "joint tenants with rights of survivorship" and not "tenants in common," unless you specify otherwise.

\_\_\_\_\_  
**Owner's Name** (First, MI, Last)

\_\_\_\_\_  
Residential Street Address (Please complete section E if account mailing address is different than the residential address.)

\_\_\_\_\_  
Suite/Apartment

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

U.S. Citizen

Resident Alien

\_\_\_\_\_  
**Joint Owner's Name** (First, MI, Last)

\_\_\_\_\_  
Residential Street Address (Required if different than the owner's residential address.)

\_\_\_\_\_  
Suite/Apartment

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

U.S. Citizen

Resident Alien

**C. ACCOUNT REGISTRATION—Cont'd**

**2. Transfer on Death Accounts—Available on Single and Joint Accounts ONLY.** Please provide beneficiaries below; attach separate sheet if necessary. For accounts with multiple beneficiaries, if a percentage allocation is not clearly indicated the default is that the beneficiaries will receive equal percentages. Total percentage allocation must equal 100%. Contact Investor Services for specific questions regarding Transfer on Death Accounts.

---

**Beneficiary Name** (First, MI, Last)

---

Residential Street Address \_\_\_\_\_ Suite/Apartment \_\_\_\_\_

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

---

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  U.S. Citizen  Resident Alien \_\_\_\_\_ Relationship \_\_\_\_\_

---

**Beneficiary Name** (First, MI, Last)

---

Residential Street Address \_\_\_\_\_ Suite/Apartment \_\_\_\_\_

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

---

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  U.S. Citizen  Resident Alien \_\_\_\_\_ Relationship \_\_\_\_\_

---

**Beneficiary Name** (First, MI, Last)

---

Residential Street Address \_\_\_\_\_ Suite/Apartment \_\_\_\_\_

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

---

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  U.S. Citizen  Resident Alien \_\_\_\_\_ Relationship \_\_\_\_\_

---

**Beneficiary Name** (First, MI, Last)

---

Residential Street Address \_\_\_\_\_ Suite/Apartment \_\_\_\_\_

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

---

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  U.S. Citizen  Resident Alien \_\_\_\_\_ Relationship \_\_\_\_\_

**C. ACCOUNT REGISTRATION—Cont'd**

**3. Fiduciary Accounts—UTMA/UGMA (Complete A), Trust or Estate (Complete B)**

(For POA, Guardianship or Conservatorship registrations please call Investor Services at 1-800-243-1575 for further instruction.)

**A. UTMA/UGMA Account/Gifts to Minors.** By signing this account application, the custodian agrees that the minor will be compensated for all shares redeemed from this account.

\_\_\_\_\_  
**Custodian's Name** (First, MI, Last)

\_\_\_\_\_  
Custodian's Residential Street Address

\_\_\_\_\_  
Suite/Apartment

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

U.S. Citizen

Resident Alien

\_\_\_\_\_  
**Minor's Name** (First, MI, Last)

\_\_\_\_\_  
Minor's Residential Street Address (ALL correspondence for this account will be mailed to this address unless section E is completed.)

\_\_\_\_\_  
Suite/Apartment

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

U.S. Citizen

Resident Alien

\_\_\_\_\_  
**Successor Custodian's Name** (First, MI, Last)

\_\_\_\_\_  
Residential Street Address

\_\_\_\_\_  
Suite/Apartment

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

U.S. Citizen

Resident Alien

**C. ACCOUNT REGISTRATION—Cont'd**

**B. Trusts/Estates:**

**Trusts**

Please provide a copy of the title and signature pages of Trust Agreement, or a copy of Certification of Trust that provides the name of the trust and the names and signatures of the trustee(s).

**Estates**

Please provide Letters of Testamentary/Letters of Administration or other court issued document(s) that appoint the executor. Court documents must be certified within 60 days.

Name of the Trust/Estate \_\_\_\_\_

Trust/Estate (EIN) \_\_\_\_\_

\_\_\_\_\_  
**Trustee/Executor Name** (First, MI, Last)

\_\_\_\_\_  
Residential Street Address (Please complete section E if account mailing address is different than the residential address.) Suite/Apartment

\_\_\_\_\_  
City State Zip Code Daytime Telephone Number

\_\_\_\_\_  
Social Security Number Date of Birth  U.S. Citizen  Resident Alien

\_\_\_\_\_  
**Co-Trustee/Co-Executor Name** (First, MI, Last)

\_\_\_\_\_  
Residential Street Address Suite/Apartment

\_\_\_\_\_  
City State Zip Code Daytime Telephone Number

\_\_\_\_\_  
Social Security Number Date of Birth  U.S. Citizen  Resident Alien

**D. MAILING ADDRESS**

If your mailing address is different than the residential address, please provide a mailing address. All correspondence for this account will be mailed to this address. (You may use a P.O. Box as a mailing address.)

Mailing Address \_\_\_\_\_ Suite/Apartment \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**E. ELECTRONIC DELIVERY OF REGULATORY MAILINGS**

To authorize Selected Funds, when permitted by law, to send statements and other important documents electronically (e.g. prospectus, quarterly statements, tax forms) please establish online account access and review the E-delivery Consent section of your online account. Your E-delivery elections can be changed at anytime by returning to this section of your online account.

**F. DEALER INFORMATION**

Please complete this section if you wish to assign an Investment Representative to your account. If you do not list a financial advisor and their brokerage firm on the account application, Davis Distributors, LLC (the "Distributor") may be designated as the broker of record, but solely for purposes of acting as your agent to purchase shares. The Distributor and its employees do not provide recommendations on these accounts or any other account where the Distributor is listed as the broker of record.

Dealer Name \_\_\_\_\_  
Investment Representative's Name \_\_\_\_\_ Representative's Number \_\_\_\_\_ Branch Number \_\_\_\_\_  
Branch Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Representative's Telephone Number \_\_\_\_\_

**G. DISTRIBUTION OPTIONS**

If no box is checked your distribution(s) will be reinvested. Please complete this section and section J, Banking Instructions, to send distributions via ACH to your bank account.

**1. Dividends—Choose One**

- Reinvest dividends in more shares of the same fund
- Pay dividends by check to the address of record
- Invest dividends in a different Selected Fund that I own  
Fund Number \_\_\_\_\_  
Account Number \_\_\_\_\_
- Send dividends to my bank by way of Automated Clearing House (ACH)

**2. Capital Gains—Choose One**

- Reinvest capital gains in more shares of the same fund
- Pay capital gains by check to the address of record
- Invest capital gains in a different Selected Fund that I own  
Fund Number \_\_\_\_\_  
Account Number \_\_\_\_\_
- Send capital gains to my bank by way of Automated Clearing House (ACH)

**H. AUTOMATIC INVESTMENT PROGRAM—Optional**

Please complete this section and section J, Banking Instructions, to add this option. Transactions will occur on the 15<sup>th</sup> of the month unless otherwise specified below. The account minimum of \$1,000 for Class S Shares, or \$10,000 for Class D Shares must be met prior to establishing an "Automatic Investment Program."

- 1. Invest into: \_\_\_\_\_  
(Fund Number or Fund Name) and Share Class
- 2. In the amount of: \$ \_\_\_\_\_  
Fixed Dollar Amount
- 3. Start Making investments:  Upon receipt of this request or  Beginning in the month of \_\_\_\_\_
- 4. Frequency of Investments:  All Months or  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sept  Oct  Nov  Dec
- 5. Choose a day of the month: \_\_\_\_\_

**I. THIRD PARTY INSTRUCTIONS—Optional**

Please complete this section if you wish to send statements to a third party, authorize a third party to transact on your behalf, or authorize a third party to disclose information about you related to your account as described below.

**Options available to third party:**

- Receive quarterly statements at the address below.
- Conduct telephone transactions on my behalf.
- Disclose information about me in order to confirm the specifics of my current contact information, health status, and the identity of any legal guardian, executor, trustee, or holding of a power of attorney in case Selected Funds is unable to reach me.

\_\_\_\_\_  
Name of Party

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code Email Address

**J. BANKING INSTRUCTIONS—Optional**

Please complete this section if you wish to transfer funds electronically to and from your bank.

\_\_\_\_\_  
Bank Account Owner

\_\_\_\_\_  
Name of Banking Institution Telephone Number of Banking Institution

\_\_\_\_\_  
ACH Routing Number Bank Account Number

\_\_\_\_\_  
WIRE Routing Number (If different than ACH routing number) Please Indicate:  Checking  Savings

