

Please return this application to Selected Funds, P.O. Box 8243, Boston MA 02266-8243. For overnight mail: Selected Funds, 30 Dan Road, Canton, MA 02021. This application can also be downloaded from our website, www.selectedfunds.com. Funds available for purchase by U.S. Citizens or resident aliens only.

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

A. YOUR INVESTMENT – Please complete Part 1 – AND – Part 2 in this section

1. Purchase Method

Check enclosed for \$_____ payable to Selected Funds. **NO THIRD PARTY CHECKS, STARTER CHECKS, TRAVELER'S CHECKS OR MONEY ORDERS, PLEASE.**

2. Allocation

Dollar Amount

Class S (\$1,000 min per fund)

Class D (\$10,000 min per fund)

Selected American Shares

\$ _____

(205)

(1023)

Selected International Fund

\$ _____

(204)

(1022)

3. Contribution Information

1. Annual Contributions

_____	\$ _____	_____	\$ _____
Tax Year	Contribution Amount	Tax Year	Contribution Amount

2. Rollover or transfer of existing Coverdell Education Savings Account

Transfer of existing Coverdell Education Savings Account. Complete the separate Coverdell Education Savings Account Transfer Request form and return it with this form.

Rollover of distribution from existing Coverdell Education Savings Account.

B. STUDENT INFORMATION (DESIGNATED BENEFICIARY)

Name (Print Full Name) (First, MI, Last)

U.S. Citizen Resident Alien

Social Security Number (Required) (Will be used for tax reporting purposes)

Birth Date (Required)

Residential Street Address (Please see section F for Account Mailing Address)

Suite/Apartment

City

State

Zip Code

+4

Daytime Telephone Number

Special Needs Student Yes No

C. ELECTRONIC DELIVERY OF REGULATORY MAILINGS

By completing this section I/we authorize Selected Funds, when permitted by law, to send me/us statements and other important documents electronically (e.g. prospectus, tax forms). This consent will remain in effect until revoked by me/us via phone, writing or email.

Email Address

D. PARENT INFORMATION (RESPONSIBLE INDIVIDUAL)

Only one person may be listed as parent. Complete this section only if student has not yet reached the age of majority in state of residence.

Mother Father Guardian (If "guardian," submit proof of guardianship.)

Name (Print Full Name) (First, MI, Last)

U.S. Citizen Resident Alien

Social Security Number (Required) (Will be used for tax reporting purposes)

Birth Date (Required)

Residential Street Address (Please see section F for Account Mailing Address)

Suite/Apartment

City

State

Zip Code

+4

Daytime Telephone Number

- Check here if the Responsible Individual may change the Designated Beneficiary to another member of the Designated Beneficiary's family.
- Check here if the Responsible Individual will continue to serve as the Responsible Individual after the Designated Beneficiary attains the age of majority.
- Check here if the Designated Beneficiary will become the Responsible Individual of the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority.

E. DONOR INFORMATION – Complete only if different than Responsible Individual

Donor is: Mother Father Guardian Grandparent Corporate Entity Other

Name (Print Full Name) (First, MI, Last)

Social Security Number (Required)

Address

Suite/Apartment

City

State

Zip Code

+4

Daytime Telephone Number

F. 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

G. DEALER INFORMATION

Please complete this section if you wish to assign an Investment Representative to your account.

Dealer Name

Investment Representative's Name

Representative's Number

Branch Number

Branch Street Address

City

State

Zip Code

Representative's Telephone Number

H. AUTOMATIC INVESTMENT PROGRAM - Optional

Please complete this section and section I, Banking Instructions, to add this option. Transactions will occur on the 15th of the month unless otherwise specified below. Each draft must be at least \$25.

- 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. BANKING INSTRUCTIONS – Optional

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

Bank Account Registration _____

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

Please tape a voided check here.

The Check must be imprinted with:
The name of the Banking Institution
Name of Bank Account Owners
Address of Banking Institution
Encoded Bank Account Number

Please Note: Starter checks or mutual fund/investment checks are not acceptable.
If you do not have a personalized check please call Investor Services.

J. MODIFY YOUR AUTOMATIC TELEPHONE PRIVILEGES

I/We acknowledge that my/our account(s) will be subject to telephone and Internet privileges described in the Fund’s current prospectus and agree that the Fund, its Distributor and Transfer Agent will not be liable for any loss in acting on telephone or Internet instructions reasonably believed to be authentic. Please indicate below if you do not want to have telephone and Internet privileges.

- I/We do **not** want telephone and Internet privileges.

K. DESIGNATION OF DEATH BENEFICIARY

Designated Death Beneficiary's Information (Designated *Death Beneficiary* must be a family member of the Designated Beneficiary. In the event of the Designated beneficiary's death, the Designated Death Beneficiary will become the Designated Beneficiary, provided Designated Death Beneficiary is less than age 30 at date of death.)

Name	Birth Date	Relationship	Type of Beneficiary	Share %
_____	_____	_____	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	_____
_____	_____	_____	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	_____
_____	_____	_____	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	_____
_____	_____	_____	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	_____
_____	_____	_____	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	_____

L. CERTIFICATION AND SIGNATURES

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I am of legal age and have read the current prospectus(es), and this application. I hold harmless and indemnify Davis Distributors, LLC, each of the mutual funds for which it is distributor ("Selected Funds") and each of their respective partners, sub-advisers, directors, officers, employees and agents from any losses, expenses, costs or liability (including attorney fees) which I may incur in connection with my instructions in this application and any other instructions given in writing, by telephone or electronically and reasonably believed to be genuine. **Under the penalty of perjury, I certify that the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number.** If I am affiliated with, or work for, a FINRA member firm, I will attach information concerning my employment. This application shall apply to any Selected Funds account I establish at any later date unless specifically changed in writing.

If this is a Rollover Coverdell Education Savings Account, the undersigned certifies that any assets transferred in kind are the same assets received in the distribution being rolled over; that no rollover into a Coverdell Education Savings Account has been made within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to the Account; and that the Student identified in Item A above is either the person for whose benefit the prior Coverdell Education Savings Account was maintained or a member of such person's family (within the meaning of Internal Revenue Code Section 529(e)(2)).

If this is an Annual Contribution Coverdell Education Savings Account, the undersigned certifies that the Student is less than 18 years old and that all Contributions made on the Student's behalf to this or any other Coverdell Education Savings Account do not exceed \$2,000 in a single tax year. If this is a Transfer or Rollover of an existing Coverdell Education Savings Account, the undersigned certifies that the Student is less than 30 years old and that the relationship indicated in Section D is correct.

The undersigned acknowledges having received and read the "Coverdell Education Savings Account Disclosures Statement" relating to this Account (including the Custodian's fee schedule) and the Education Individual Retirement Custodial Agreement, at least 7 days before the date of signature (as indicated below) and acknowledges that there is no further right of revocation.

If the Responsible Individual or Donor is affiliated with, or employed by, a stock exchange, member firm of an exchange or FINRA or a municipal securities broker-dealer, it will be your responsibility to inform your employer of the establishment of this account.

If no activity occurs in your account within the timeframe specified by the law in your state or if account statements mailed to you by the Fund are returned as undeliverable during that timeframe, the ownership of your account may be transferred to your state. This is called escheatment. By keeping your mailing address current with the Fund, your account will not be escheated by the state.

Signature of Student
(if student has reached age of majority in his/her state of residence)

Date

Signature of Responsible Individual

Date

By signing above, I certify that I am a U.S. citizen or resident alien with a certified taxpayer I.D. Funds not available for purchase by non-resident alien

By signing above, I certify that I am a U.S. citizen or resident alien with a certified taxpayer I.D. Funds not available for purchase by non-resident alien

Signature of Donor

Date

By signing above, I certify that I am a U.S. citizen or resident alien with a certified taxpayer I.D. Funds not available for purchase by non-resident alien

Custodian Acceptance. UMB Bank will accept appointment as Custodian of the Depositor's Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement of the transaction. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated above will serve as notification of UMB Bank acceptance of appointment as Custodian of the Depositor's Account.