

**CERTIFICATION OF ACCOUNT CUSTODIAN**

**Selected Funds  
PO Box 8243  
Boston, MA 02266-8243**

**For overnight delivery:**

**Selected Funds  
30 Dan Road  
Canton, MA 02021**

Fax: 520-806-7602

Attn: \_\_\_\_\_  
\*please call Investor Services at 1-800-243-1575 to confirm receipt.

Re: Fund/Account Number \_\_\_\_\_

Dear Selected Funds:

I am the custodian of the above-referenced Uniform Gift to Minors/Uniform Transfers to Minors Account created under the laws of the State of \_\_\_\_\_. I hereby certify that the account beneficiary has not reached the age at which the State requires the account to be transferred to the beneficiary. I further certify that the transaction I have requested is for the benefit of the beneficiary. I understand this transaction will receive the per-share price on the day this form is received if prior to 4:00 p.m. Eastern Time. If additional information or documentation is required to complete this transaction, the per-share price will be determined at the close of business after all required information is received.

1/ Redemption amount: \$ \_\_\_\_\_

2/ Send proceeds:                   By check to address of record                   \_\_\_\_\_

  By ACH to bank account on file                   \_\_\_\_\_

  By wire to bank account on file                   \_\_\_\_\_

  By check, ACH or wire to address  
  or bank account *not on file*\*                   \_\_\_\_\_

***\*Medallion Guarantee required. Please attach a voided check for bank drafts.***

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Custodian

\_\_\_\_\_  
Signature of Custodian