Non-Retirement Change of Ownership Form

Please complete and return this form 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**.

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

INSTRUCTIONS

Use this form to re-register, transfer, or gift shares **in kind**. (Example, shares in a Selected American Shares Class S account will be re-registered, transferred, or gifted to another Selected American Shares Class S account.)

If there are any outstanding stock certificates on the account that you wish to re-register or transfer, please return the certificates, unsigned, along with this form.

To avoid delays, be sure the requested transaction will not reduce each fund balance to below the established minimum that must be met and maintained. Please check the current prospectus at www.selectedfunds.com for these minimums or call Investor Services for additional information.

Please note that if you are using this form to GIFT shares, the recipient of your gift **may** be required to sign this form. Please see Section C, Number 2 and have the recipient sign the form when applicable.

A. EXISTING ACCOUNT INFORMATION

When transferring shares, non-covered shares (those shares purchased prior to January 1, 2012) will be depleted first. In most cases, the remaining covered shares (those shares purchased after January 1, 2012) will be depleted using the cost basis method currently selected for the existing account.

If you are transferring covered shares AND the current cost basis election for these shares is Specific Lot Identification (SLID) you are required to notify us of the EXACT shares, including purchase dates, that you wish to transfer.

If you wish to change your cost basis election on your covered shares prior to this transfer, please complete the Selected Funds Cost Basis Change Form and submit it along with this request.

In the case of multiple recipients, shares will be transferred on a pro-rata basis unless otherwise requested. Pro-Rata applies to covered and non covered shares.

CURRENT OWNER(S)

Enter the information exactly as it appears on your Selected Funds Account Statement

_____
Account Registration

_____ _____
Account Number Daytime Phone Number

AMOUNT THAT YOU WISH TO TRANSFER

☐ All shares of all funds

OR

Fund Name or Number	Amount		Number of Shares		Percentage
_____	$_____	OR	_____	OR	_____%
_____	$_____	OR	_____	OR	_____%

For accounts with covered shares using Specific Lot Identification, and not transferring all shares, please provide the specific share lots to transfer:

Fund Name or Number	Number of Shares	Date Acquired
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed, attach a separate page that includes the sending and receiving account numbers, the fund name or number and the amounts, shares, or percentages to be re-registered, transferred, or gifted.

B. RECEIVING ACCOUNT INFORMATION

Please check one.

☐ 1. Existing Account

_____
Account Number

_____
Name of Owner/UTMA or UGMA Custodian/Trustee

_____
Name of Co-Owner/UTMA or UGMA Minor/Co-Trustee

_____
Daytime Phone Number

☐ 2. New account**. COMPLETE AND ATTACH A NEW SELECTED FUNDS ACCOUNT APPLICATION**

C. REASON FOR THE CHANGE IN OWNERSHIP

Please check one box to indicate the reason for the transfer to ensure accurate cost basis reporting. If no reason for the transfer is provided, the transfer **will** be processed as a gift.

☐ **1. Due to Death** (Inheritance)

Date of Death is required (mm/dd/yyyy) _____/_____/_____

OR

The date of death will serve as the acquisition date unless an **Alternative Valuation Date** (mm/dd/yyyy) _____/_____/_____ or **Alternate Value** _____ is provided.*

*In some instances an executor (the person in charge of the estate) may elect a different valuation date. If the estate qualifies for this election, and the executor makes the election, the valuation date is six months after the date of death. **For additional information please consult a tax advisor.**

☐ **2. Gift**

Date of Gift (mm/dd/yyyy) _____/_____/_____. If no gift date is provided we will use the trade date.

If you are the recipient of gifted shares and have elected the cost basis method of average cost (ACST) for your account, the Internal Revenue Service requires that you provide acceptance of the fair market value. Fair Market Value will only apply if the shares being transferred have depreciated in value since the original purchase date. If you fail to sign the Fair Market Value Acceptance, your gifted shares will be transferred into an account using the default cost basis method (currently First In First Out). **For additional information please consult a tax advisor.**

Fair Market Value Acceptance: X_____
SIGNATURE OF GIFT RECIPIENT

☐ **3. Re-registration, please select one.**

☐ **a. Name Change**

☐ **b. UTMA/UGMA** to an **Individual** account once the minor has reached the age of majority.
If you are transferring assets from an UTMA/UGMA registration after the minor has reached the age of termination of custodianship, **EITHER** the custodian or the former minor may sign this form. A new account application completed and signed by the former minor is also required for this re-registration.

☐ **c. Divorce/Separation**

☐ **d. Transfer to a Trust**

☐ **e. Other,** describe_____

D. ADDITIONAL INFORMATION

Transfers can be complex. Please add any additional information that you feel would be useful in helping us execute your request.

E. AUTHORIZATION FROM CURRENT OWNERS

All shareholders listed on the EXISTING account registration must sign this form. By signing this Change of Ownership Form:

- I/We release Selected Funds and their representatives from all liability and agree to indemnify them from all losses, damages, or costs for acting in good faith in accordance with instructions, including telephone instructions, written instructions, or internet transactions believed to be genuine. I/We agree to notify Selected Funds promptly in writing if any information contained herein changes.
- I/We understand that if the leaving account is registered as a custodianship or an entity (e.g. Trust, Corporation, Estate or UTMA/UGMA) that I/we must sign this authorization section with my/our full capacity (e.g. Custodian, Trustee, Officer, Executor, Etc.) whichever is appropriate.
- I/We understand that a transfer of assets requires my/our signatures to be 2000/Medallion Guarantee stamped and that the request will not be valid if this stamp is missing or illegible. You can obtain a 2000/Medallion Guarantee stamp from most banks, brokerage firms, or other financial institutions.
- I understand that if this is an UTMA/UGMA account and I am the beneficial owner, I certify that:
  a) I have attained the legal age required by the laws of the state under which the assets were gifted or transferred to me;
  b) No designation was made by the donor that requires termination of custodianship for my assets be delayed until I reach a later age;
  c) I have not already received equivalent gifts or transfers of money from the custodian that would reduce the value of the assets due to me in the custodial account(s);
  d) I am not aware of any competing claims from the custodian or a successor custodian that would prevent me from receiving the assets in the custodial account(s).

Signature of Shareholder	Date	Signature of Shareholder	Date
Capacity (e.g. Trustee, Officer)		Capacity (e.g. Trustee, Officer)	

Place Medallion Guarantee Stamp Here

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