



Account Application

For Business Registrations

When complete please return to Selected Funds, PO Box 219662, Kansas City, MO 64121-9662.

For overnight mail: Selected Funds, 430 W 7th Street, Suite 219662, Kansas City, MO 64105-1407. For assistance please call Investor Services at 1-800-243-1575. Funds are 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. 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

Please complete all relevant information and attach any required documentation.

Note: Any and all corporate documents and information produced as part of this application will be used solely for the purpose of establishing the identity of the corporation, partnership, limited liability company or non-incorporated entity.

- 1. (C) Corporation (S) Corporation Partnership Other (specify) _____
 Limited Liability Company. Enter the tax classification. (C = C Corporation, S = S Corporation, P = Partnership) _____

2. _____
Name of Corporation/Partnership/Limited Liability Company/Non-Incorporated Entity

Principal Place of Business Address (Please complete section D if account mailing address is different than the principal address.) Suite/Apartment _____

City _____ State _____ Zip Code _____ Daytime Telephone Number _____

Taxpayer/Employer Identification Number

3. **Organizations exempt from USA Patriot Act verifications please check the appropriate box:**

- Financial institution regulated by a federal regulator
- Bank regulated by a state regulator
- Government Agency
- Publicly Traded Organization (Please provide ticker and exchange) _____

4. **Non-Exempt Corporations:**

Must attach a copy of the Certified Articles of Incorporation or a government-issued business license.

Non-Exempt Partnerships:

Must attach a copy of the Partnership Agreement.

Non-Exempt Limited Liability Companies:

Must attach a copy of the Articles of Incorporation.

Non-Profit/Non-Incorporated Entities:

Must attach a copy of a government-issued business license.

5. _____
Authorized Party 1 (First, MI, Last)

Title _____

Residential Street Address _____ Suite/Apartment _____

City _____ State _____ Zip Code _____ Daytime Telephone Number _____

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

Authorized Party 2 (First, MI, Last)

Title _____

Residential Street Address _____ Suite/Apartment _____

City _____ State _____ Zip Code _____ Daytime Telephone Number _____

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

If you have additional authorized parties, please provide information on a separate sheet. Authorized parties must sign application.

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 _____
Representative Signature* _____

* Authorization signature from the representative accepting the account is required for the addition of a broker/dealer.

G. DISTRIBUTION OPTIONS

If no box is checked your distribution(s) will be reinvested. Please complete this section and section K, 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 K, Banking Instructions, to add this option. Transactions will occur on the 15th 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, or authorize a third party to transact on your behalf.

Options available to third party:

- Receive quarterly statements at the address below.
- Conduct telephone transactions on my behalf.

Name of Party

Address

City

State

Zip Code

Email Address

J. TRUSTED CONTACT—Optional

To designate a Trusted Contact Person for your Selected Funds account(s), please complete this section. Adding a Trusted Contact provides us with a resource to contact on your behalf, if necessary.

- Naming a Trusted Contact is optional.
- The Trusted Contact must be at least 18 years old.
- TCP will be contacted if we suspect financial exploitation; to confirm your contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney.
- The Trusted Contact will not be able to execute transactions, inquire about account activity, or be able to view your account information.
- We suggest that your Trusted Contact not be already authorized to transact business on your account(s) or already able to receive information about your account(s)-e.g., financial consultant, financial professor, or by virtue of Power of Attorney or View Only authority.
- Only you as the account holder have the ability to add, update, or remove a Trusted Contact for your account(s).

Trusted Contact Information for Primary Owner

Name Relationship to Account Holder Mobile Telephone Number

Address Evening Telephone Number

City State Zip Code Email Address

Trusted Contact Information for Joint Owner (if applicable)

Name Relationship to Account Holder Mobile Telephone Number

Address Evening Telephone Number

City State Zip Code Email Address

By designating a TCP on your account, you are authorizing, but not requiring, Selected Funds, and/or their transfer agent to contact the TCP in our discretion to disclose information about your account: (1) to address possible financial exploitation; (2) to confirm the specifics of your current contact information, health status, or identity of any legal guardian, executor, trustee or holder of a power of attorney; (3) or as otherwise permitted by FINRA rules or state law.

If you have an advisor or financial professional, your TCP information may be made available to the advisor or financial professional, and Selected Funds or their agents may notify the financial professional or advisor of our interactions with the TCP. You agree that Selected Funds and their agents will not be responsible for, and cannot monitor, your advisor's or broker's use of the TCP information.

You authorize Selected Funds to place a temporary hold on disbursements of funds or positions from your account or a temporary hold on further trades if Selected Funds reasonably believes financial exploitation has been attempted or has occurred in your account or in other circumstances we believe are necessary for your protection. You also acknowledge that we may report any reasonable belief of financial exploitation, or in other circumstances we believe are necessary for your protection, to the applicable state securities administrator, to a state adult protective services agency, or to any law enforcement agencies.

Providing Selected Funds with a TCP does not ensure that a third party will not financially exploit you or try to do so. You agree to indemnify and hold harmless Selected Funds, its affiliates and their directors, officers, employees, and agents from and against all claims, actions costs, and liabilities, including attorney's fee incurred by them as a result of any claim, judgment, or proceeding arising out of or relating to Selected Funds or their representatives contacting, or failing to contact, the TCP identified in this document.

K. 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

L. CERTIFICATION AND SUBSTITUTE FORM W9

By signing this application form I certify that:

- I/We are of legal age and capacity and are authorized to purchase shares.
- I/We certify that all the information disclosed in this application is true and correct and that I/we agree to and accept all terms, features and conditions selected throughout this application. I/We acknowledge that Selected Funds will use this application and/or any required documents for the purpose of verifying the identity of the registered owner(s) in accordance with the requirements of the U.S. Patriot Act. I/We understand that Selected Funds does not assume any responsibility for monitoring, maintaining, interpreting or enforcing any terms of the provisions of these documents. Should I/we not provide all appropriate customer identification requirements requested by Selected Funds within (3 days) of such request, I/we understand that this failure to comply will result in a return of my/our investment.
- I/We have read the CURRENT prospectus of each fund that I/we are investing in and agree to be bound by its terms and conditions.
- I/We are responsible for reading the prospectus of any fund into which I/we exchange.
- If other members of my/our family have shares in the same Selected Fund(s) that I/we own, I/we agree that Selected Funds may send a single copy to my/our household of that fund's updated prospectus, annual report, semi-annual report, or other information that is required to be delivered. If I/we wish to receive a separate copy of these materials, I/we agree to tell the Selected Funds by phone, in writing or by email.
- If I/we, or any person with ownership in this account is affiliated with, or employed by, a stock exchange, member firm of an exchange or FINRA or a municipal securities broker-dealer, it is my/our responsibility to inform my/our employer of the establishment of this account.
- I/We understand our mutual fund shares may be transferred to the appropriate state if no activity occurs, or if statements of my/our account activity prove undeliverable, within the time period specified by state law.
- I/We release Selected Funds and their agents and 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 instruction or internet transactions believed to be genuine. I/We agree to notify Selected Funds promptly in writing if any information on this application changes.
- I/We agree that telephone/internet exchange/redemption/purchase services will be activated automatically upon the establishment of my/our account(s). If I/we do not want these services I/we will notify Selected Funds of my/our wish to terminate them.
- By consenting to electronic delivery of documents I/we understand that when these documents are available I/we will receive an email notification that will contain a link to the Fund's website, where I/we will be able to view or download the updated document.
- I/We have read **Third Party Instructions** and I/we are aware that I/we are able to designate a third party who is able to provide information about me in case you are not able to reach me.

Substitute Form W-9

I certify under penalty of perjury that:

1. The number shown on this application is my correct Taxpayer Identification number, **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person or a U.S. Resident Alien.

You must cross out item number 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications above to avoid backup withholding.

Authorized Business Signer

Date

Authorized Business Signer

Date

M. LEGAL ENTITY BENEFICIAL OWNERSHIP CERTIFICATION

Purpose

This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, a limited liability company, a general partnership, a non-profit and any similar business entity formed in the United States.

Important Notes

This form requires you to provide the name, address, date of birth and Social Security number for the following individuals:

- 1. Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- 2. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

Account Information

_____ Name of Natural Person Opening Account	_____ Title of Natural Person Opening Account
_____ Name of Legal Entity for Which the Account is Being Opened	_____ Address of Legal Entity for Which the Account is Being Opened

Beneficial Owner(s)

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Note: Non-profits do not have to complete this section.

Name/Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

Control Person

The following information for one individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions. (If appropriate, an individual listed under the Beneficial Owner(s) section above may also be listed in this section for Control Person.

Name/Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

Certification

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge that the information provided above is complete and correct.

Signature

Date