

Coverdell Education Savings Account Application

800-243-1575



Please return this application 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.
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

Class D

(\$1,000 minimum per fund)

(\$10,000 minimum 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)

Residential Street Address

Suite/Apartment

City

State

Zip Code

Daytime Telephone Number

Social Security Number (Required)

Date of Birth (Required)

U.S. Citizen

Resident Alien

Special Needs Student Yes No

C. 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 Edelivery Consent section of your online account. Your Edelivery elections can be changed at any time by returning to this section of your online account.

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)

Residential Street Address

Suite/Apartment

City

State

Zip Code

Daytime Telephone Number

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

Date of Birth (Required)

U.S. Citizen

Resident Alien

- 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 if 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)

Residential Street Address

Suite/Apartment

City

State

Zip Code

Daytime Telephone Number

Social Security Number (Required)

Date of Birth

U.S. Citizen

Resident Alien

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. 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 (Required)*

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

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. 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. 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 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.*

L. DESIGNATE 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	Social Security Number	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	_____

M. CERTIFICATION

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 B 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.

I have read Third Party Instructions and I am aware that I am able to designate a third party who is able to provide information about me in case you are not able to reach me.

N. SIGNATURES

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

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

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

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's acceptance of appointment as Custodian of the Depositor's Account.