

Trusted Contact Authorization Form



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.

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

A. INSTRUCTIONS

Use this form to designate a trusted contact person, that is 18 years or older, for your Selected Funds account(s). If you need more room for information or signatures, make a copy of the relevant page.

- Naming a Trusted Contact is optional.
- The Trusted Contact must be at least 18 years old.
- Trusted Contact 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 professional, 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).

B. ACCOUNT INFORMATION

Please indicate the Selected account(s) you wish to update.

_____	_____	_____
Name of Shareholder	Name of Joint Shareholder (if any)	Social Security Number or Tax Identification Number(s)
_____	_____	_____
Fund Number(s)	Account Number(s)	Daytime Telephone Number(s)

C. TRUSTED CONTACT INFORMATION

Name, email, phone, and address are all required.

Trusted Contact Information for Primary Owner

_____	_____	_____
Name	Relationship to Account Holder	Mobile Telephone Number
_____	_____	_____
Legal/Permanent Address (Cannot be a PO Box, mail drop, or c/o 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
_____	_____	_____
Legal/Permanent Address (Cannot be a PO Box, mail drop, or c/o address)	Evening Telephone Number	
_____	_____	_____
City	State	Zip Code

Email Address		

By designating a Trusted Contact Person on your account, you are authorizing, but not requiring, Selected Funds, and/or their transfer agent to contact the Trusted Contact Person 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 Trusted Contact Person's 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 Trusted Contact Person. 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 Trusted Contact Person's 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.

C. TRUSTED CONTACT INFORMATION—Cont'd.

Providing Selected Funds with a Trusted Contact Person 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 Trusted Contact Person identified in this document.

D. SIGNATURE(S)

This section must be signed by all shareholders.

By signing this Trusted Contact Authorization Form I certify under penalty of perjury that:

- I/We are of legal age and capacity and are authorized to purchase shares.
- 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.
- 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 form changes.
- I/We understand that if the 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

Signature of Shareholder

Date

Signature of Shareholder

Date

Capacity if applicable (e.g. Trustee, POA, Executor, etc.)

Capacity if applicable (e.g. Trustee, POA, Executor, etc.)