IRA Application

Selected FUNDS

When complete please return to **Selected Funds, P.O. Box 219662, Kansas City, MO 64121-9662.**
For overnight mail: **Selected Funds, 430 W. 7th St, 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 *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.

☐ Contribution for tax year $ ______________ ☐ Transfer of Assets - Approximate transfer amount $ ______________ ☐ Rollover $ ______________

2. Allocation	**Fund No.**	**Class S** ($1,000 minimum per fund) **Dollar Amount**	**Fund No.**	**Class D** ($10,000 minimum per fund) **Dollar Amount**
Selected American Shares	205	$____________________	1023	$____________________
Selected International Fund	204	$____________________	1022	$____________________

B. ACCOUNT REGISTRATION

____
Owner's Name (First, MI, Last)

____ ______________
Residential Street Address (Please complete section E if account mailing address is different than the residential address.) Suite/Apartment

______________ ______________ ______________ ______________
City State Zip Code Daytime Telephone Number

______________ ______________
Social Security Number Date of Birth

C. TYPE OF IRA

☐ **Traditional IRA**

☐ **Inherited (Deceased) IRA**

☐ **SEP-IRA**

☐ **SIMPLE-IRA**

☐ **Roth IRA***

*** If you would like to convert an existing Traditional IRA, SEP IRA or a SIMPLE IRA to a new or existing ROTH IRA please use the Selected Funds ROTH IRA Conversion Form.**

A. **IRA Transfer:** To transfer or directly rollover your IRA assets from another institution please complete the IRA Transfer of Assets Form.

B. **Direct Rollover from an Employer's Plan:** To directly rollover assets from an employer-sponsored retirement plan such as a 401(k), 403(b) or pension plan, please complete the following two steps:

1. Contact your (former) company's benefits plan administrator. Your company may require that you fill out its form(s) in order to process your request.
2. Please complete the IRA Transfer of Assets Form.

D. 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.

E. MAILING ADDRESS

If your mailing address is different than the residential address, please provide it below. 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 ____________

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 ____________

G. AUTOMATIC INVESTMENT PROGRAM—Optional

Please complete this section and section I, 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: ____________

Important Notes: Contributions can be credited for the prior year until April 15, only upon request. It is your responsibility to ensure that investments are coded properly and do not exceed your annual contribution limits. If you over contribute, the IRS may charge you a penalty. AIPs cannot be set up on SIMPLE Retirement Accounts.

H. THIRD PARTY INSTRUCTIONS

Please complete this section if you wish to send statements to a third party, authorize a third party to transact on your behalf, or authorize a third party to disclose information about you related to your account as described below.

Options available to third party:

☐ Receive quarterly statements at the below address.

☐ Conduct telephone transactions on my behalf.

☐ Disclose information about me in order to confirm the specifics of my current contact information, health status, and the identity of any legal guardian, executor, trustee, or holding of a power of attorney in case Selected Funds is unable to reach me.

Name of Party ____________________

Address ____________________

City ____________ State ____________ Zip Code ____________ Email Address ____________

I. 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

J. DESIGNATE YOUR IRA BENEFICIARIES

Name	Birth Date	Relationship	Social Security Number	Type of Beneficiary	Share %
				☐ PRIMARY ☐ CONTINGENT	
				☐ PRIMARY ☐ CONTINGENT	
				☐ PRIMARY ☐ CONTINGENT	
				☐ PRIMARY ☐ CONTINGENT	
				☐ PRIMARY ☐ CONTINGENT	

Spousal Consent
(Only needed if you live in a community property state and are not naming your spouse as the primary beneficiary)

I hereby consent to the designation of beneficiary(ies) stated above. Married residents of AZ, CA, ID, LA, NV, NM, TX, WA and WI must sign below if spouse is not designated as primary beneficiary.

Signature of Spouse

Date

K. CERTIFICATION AND SUBSTITUTE FORM W9

By signing this application form I certify that:

- I am of legal age and capacity and am authorized to purchase shares.
- I certify that all the information disclosed in this application is true and correct and that I agree to and accept all terms, features and conditions selected throughout this application. I acknowledge that Selected Funds will use this application and/or any required documents for the purpose of verifying my identity in accordance with the requirements of the USA PATRIOT Act. I 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 not provide all appropriate customer identification requirements requested by Selected Funds within (3 days) of such request, I understand that this failure to comply will result in a return of my investment.
- I have read the CURRENT prospectus of each fund that I am investing in and agree to be bound by its terms and conditions.
- I am responsible for reading the prospectus of any fund into which I exchange.
- If other members of my family have shares in the same Selected Fund(s) that I own, I agree that Selected Funds may send a single copy to my household of that fund's updated prospectus, annual report, semi-annual report, or other information that is required to be delivered. If I wish to receive a separate copy of these materials, I agree to tell the Selected Funds by phone, in writing or by email.
- If I am affiliated with, or employed by, a stock exchange, member firm of an exchange or FINRA or a municipal securities broker-dealer, it is my responsibility to inform my employer of the establishment of this account.
- I understand my mutual fund shares may be transferred to the appropriate state if no activity occurs, or if statements of my account activity prove undeliverable, within the time period specified by state law.
- I 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 agree to notify Selected Funds promptly in writing if any information on this application changes.
- I agree that telephone/internet exchange/redemption/purchase services will be activated automatically upon the establishment of my account(s). If I do not want these services I will notify Selected Funds of my wish to terminate them.
- By consenting to electronic delivery of documents I understand that when these documents are available I will receive an email notification that will contain a link to the Fund's website, where I will be able to view or download the updated document.
- I confirm that I received and read the applicable sections of the "UMB Bank Universal Individual Retirement Account Disclosure Statement" relating to this Account (including the Custodian's fee schedule), and the Custodial Account document. I acknowledge receipt of the Universal Individual Retirement Custodial Account document and Universal IRA Disclosure Statement at least 7 days before the date inscribed below and acknowledge that I have no further right of revocation.
- 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.

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.

Signature of Shareholder **Date**

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.