

## SHAREOWNER Change of Dealer Information

REG MAIL: Selected Funds, PO Box 219662, Kansas City, MO 64121-9662.

OVERNIGHT: Selected Funds, 430 W 7th Street, Suite 219662, Kansas City, MO 64105-1407

PH: (800) 243-1575 FAX: (816) 218-0447

SHAREOWNER INFORMATION				
NAME 1:	NAME 2, JOINT OWNER:			
ADDRESS:	ADDRESS:			
ADDRESS:	ADDRESS:			
CITY:	CITY:			
STATE: ZIP CODE:	STATE: ZIP CODE:			
EXISTING ACCOUNTS TO CHANGE. (Select and	d add instruction in A. or I	В.)		
A. Please change Dealer Information on all of my acco     SOC SEC # or TAX ID #:		-		
B. Please change Dealer Information on the following a	account numbers:			
FUND ACCOUNT NUMBER FUND	ACCOUNT NUMBER	FUND	ACCOUNT NUMBER	
NEW DEALER INFORMATION: (To be complete	ed by your dealer)			
We confirm this dealer change and direct you to act as our A We hereby guarantee the genuineness of the shareowner sig sell securities under the laws of the state set forth above as t Sales Agreement with Davis Distributors, LLC.	gnature/s and represent to	you that we are	duly qualified and licensed to	
Broker / Dealer Firm Name:				
New Representative Name/s:	Repre	Representative Number / Code:		
Branch Address:	Branch Number / Code:			
Branch Address:	Phone Number: ( )			
City: State:	Zip C	Zip Code:		
Signature: X	Signer Capacity:			
TO REMOVE DEALER INFORMATION: (Read, c	heck box, and sign below.)			
Please remove ALL current dealer information. By reque understand that Davis Distributors, LLC will be placed on the acknowledge that Davis Distributors holds no Fiduciary obligation.	account as de facto deale	r of record on m		
SIGNATURES (All registered owners must sign)	CAPACITY	DATE	PHONE	
X			_ ( )	
X			_ ( )	