

# SHAREOWNER Change of Dealer Form



Regular mail: 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  
Phone: 1-800-243-1575 Fax: 816-218-0447 Web: www.selectedfunds.com

## SHAREOWNER INFORMATION

Shareowner Name \_\_\_\_\_

Joint Shareowner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

<input type="checkbox"/> All accounts under this Social Security Number:	or	<input type="checkbox"/> Only these account numbers:
<b>Social Security Number</b>		<b>Fund</b> <b>Account Number</b>
_____		_____
		_____
		_____

## NEW DEALER INFORMATION / REMOVAL OF DEALER *Please choose one of the following options.*

**New Broker/Dealer Information**—To be completed by your Financial Professional.

_____	_____	
Broker/Dealer Firm Name	Branch Code	
_____		
Branch Address		
_____	_____	_____
Branch City	Branch State	Branch Zip Code
_____		_____
Representative Name		Representative Code
_____		_____
Representative Signature		Representative Phone Number

**\*Authorization signature from representative accepting the above noted account(s), is required to process.**

**Remove the current Broker/Dealer on my account**—This option will put Davis Distributors, LLC as the de facto dealer on the account. I Further Acknowledge that Davis Distributors holds no Fiduciary obligation or advisory services in this capacity.

## SHAREOWNER SIGNATURE OF AUTHORIZATION

I hereby authorize Selected Funds to remove or change the financial advisor or financial intermediary designated on the above noted account(s). All registered account owners/authorized individuals of the above account(s) must sign and date this form.

_____	_____	_____
Signature	Date	Phone Number
_____	_____	_____
Signature	Date	Phone Number