

IRA Application



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)		Class D (\$10,000 minimum per fund)	
		Dollar Amount	Fund No.	Dollar Amount	Fund No.
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 _____
Representative Signature* _____

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

G. AUTOMATIC INVESTMENT PROGRAM—Optional

Please complete this section and section J, 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—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

I. 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.

J. 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

K. DESIGNATE YOUR IRA BENEFICIARIES

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	_____

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

