

E. DISTRIBUTION OPTIONS

1. **Dividends** – Choose one:

- Reinvest dividends in more shares of the same Fund.
- Pay dividends by check to the address of record.
- Invest dividends in a different Davis Fund.

Fund Name: _____
 Account: _____

Option below REQUIRES a medallion guaranteee.

- Send dividends to my bank electronically via Automated Clearing House (ACH). Please also complete Section I.

2. **Capital Gains** – Choose one:

- Reinvest capital gains in more shares of the same Fund.
- Pay capital gains by check to the address of record.
- Invest capital gains in a different Davis Fund.

Fund Name: _____
 Account: _____

Option below REQUIRES a medallion guaranteee.

- Send capital gains to my bank electronically via Automated Clearing House (ACH). Please also complete Section I.

F. ELECTRONIC DELIVERY

Electronic Delivery. If you wish to receive Prospectuses and Annual Reports electronically, please provide your email address below:

- I consent to the electronic delivery of Prospectuses and Annual Reports. I understand 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. This consent will remain in effect until revoked by me.

G. AUTOMATIC INVESTMENT PROGRAM (AIP)- PLEASE ALSO COMPLETE SECTION I

If no draft date is indicated, the 15th of the month will be chosen for you. Please allow at least ten business days before your first draft date. For additional AIPs, please attach a separate piece of paper with the AIP information requested below.

DRAFT ONE:

- 1. **I wish to invest** (choose one): Monthly -or- Quarterly.
- 2. **Please begin my AIP** (choose one): Upon receipt -or- Starting in the month of: _____,

3. **On the** _____ day of the month, **DRAFT \$** _____, _____ (minimum \$25.00) from my bank account

4. **INVEST** into **Fund Number** _____ and **Account Number** _____.

DRAFT TWO:

- 1. **I wish to invest** (choose one): Monthly -or- Quarterly.
- 2. **Please begin my AIP** (choose one): Upon receipt -or- Starting in the month of: _____,

3. **On the** _____ day of the month, **DRAFT \$** _____, _____ (minimum \$25.00) from my bank account

4. **INVEST** into **Fund Number** _____ and **Account Number** _____.

H. AUTOMATIC WITHDRAWAL PROGRAM (AWP) –ACCOUNT MINIMUM \$10,000.

- 1. **I wish to withdraw** (choose one): Monthly -or- Quarterly on the _____ day of the month. If no date is indicated, the 25th will be the draft date.
- 2. **Please begin my AWP** (choose one): Upon receipt -or- Starting in the month of: _____,

3. **Please WITHDRAW** from **Fund Number** _____ and **Account Number** _____

4. **The amount** (choose one):

\$ _____, _____ **Fixed Dollar Amount** (minimum of \$50.00) -or-
 _____ **Fixed Share Amount** (whole share amount only) -or-
 _____ **Annual Percentage**

- 5. **Please SEND my redemption proceeds by** (choose one):
 - Mail check to the address of record.
 - Options below REQUIRE a medallion guaranteee. Please read Section K for more details.**
 - Mail check to a third party. (Please also complete Section J).
 - Electronic transfer via Automatic Clearing House (ACH) to my banking instructions. (Please also complete Section I).

