

IRA Beneficiary Claim Form

A. INSTRUCTIONS

- This form is to be used by the beneficiary of an IRA to claim assets after the death of the shareholder. In order to process your request, your signature must be certified with a 2000/Medallion Guarantee Stamp. These instructions are not intended as tax or legal advice. Information regarding distribution options can be found in IRS Publication 590, which is available from your local IRS form distribution center or online at www.irs.gov. Because your personal financial circumstances are unique, and because of the possibility of tax penalty for failure to comply with IRS regulations on IRA distributions, we recommend that you consult your professional tax advisor prior to choosing a distribution option.
- Please review the last page of this form for general information regarding state withholding. Please consult a tax advisor concerning your state's minimum
- To ensure proper processing, please print clearly in capital letters using black ink.
- When complete please return to Davis Funds, P.O. Box 8406, Boston, MA 02266-8406. For overnight mail: Davis Funds, 30 Dan Rd, Canton, MA 02021-2809.
- For assistance please call Investor Services at 1-800-279-0279.

Deceased Owner's Name (F	First, MI, Last)				
Account Number(s)					
Social Security Number		Date of	Birth	*	
If the decedent had attained all Investor Services for inst vith applicable law. An RMD SENEFICIARY INFORMATION	ructions to distribute may be subject to F	any RMD not satisfied p	prior to death. There may be	Minimum Distributions (R IRS penalties for an RMI	MD) from his/her account. F D that is not taken in accorda
Beneficiary's Name (First, N	//I, Last)				
esidential Street Address					Suite/Apartmen
Residential Street Address					Suite/Apartmen
Residential Street Address Dity	State	Zip Code	Daytime Telephone	Number	Suite/Apartmen
	State	Zip Code Date of		Number	Suite/Apartmen
City Social Security Number	State			Number	Suite/Apartmen
Dity	State			Number	Suite/Apartmen

form. If you would like to set up systematic redemptions, please contact Investor Services.

Single Life Expectancy - These are distributions based on the single life expectancy of either the beneficiary or the (deceased) account holder. The amount may be recalculated depending on circumstances such as beneficiary of either the beneficiary of the deceased account holder. The senses such an environ (FA appectance) may with the form. If you would like to set up systematic distributions, please complete necessary and a spouse beneficiary, there may be alternate start dates to the deceased of the deceased account holder account footer of the account footer of the deceased account the deceased of the deceased account holder in the sense of the deceased account holder account footer of the deceased account holder however, if you are a spouse beneficiary, there may be alternate start dates for the sense of the deceased account holder however, if you are a spouse beneficiary, there may be alternate start dates you may choose from. All beneficiary types should review its reasonable provided in the sense of the deceased account of the deceased account of the deceased account holder however, if you are a spouse beneficiary, there may be alternate start dates you may choose from. All beneficiary types should review its sense account of the deceased account of	ISTRIBUTION OPTIONS (contin	nued)													
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2. Frequency of withdrawals: All Months Or Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec	account holder however, if you a	re a spouse benefic	iary, there r	(Genera	ally, di alterna	istributi ate star	ons mu t dates	st start you ma	by Dec y choo	ember se from	31st of a. All be	the yea neficiar	r follow y types	ing the should	death of the review IRS
Lump Sum - Full liquidation. Please also complete section F. W4P TAX WITHIOLDING ELECTION Federal Taxes: (If no electron is made, 10% will be withheld.) Do NOT withhold federal taxes at a rate of: "Withhold state taxes unless required by law. Do NOT withhold state taxes unless required by law. "Withhold state taxes at the applicable rate. "Percentage 9/6 "You may change or revoke your federal tax withholding "For systematic distributions, the federal tax withholding election indicated above will remain effective until you change it. You may change or revoke your federal tax withholding election at a rate of: "For systematic distributions, the federal tax withholding." "For systematic distributions, the federal tax withholding. "For systematic distributions, the federal t	* We will use the day of the month	th you have indicate	d in your sta	art date	for fut	ure dis	tributior	ns unles	ss you s	select a	nother	date by	calling	investo	r services.
Lump Sum - Full liquidation. Please also complete section F.	Frequency of withdrawals:														
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State Taxes: See "state Tax Withholding" on the last page of this form for more information. Do NOT withhold federal taxes at a rate of: Withhold federal taxes at a rate of: Withhold federal taxes at a rate of: Withhold federal taxes at the applicable rate. Withhold federal taxes at the applicable rate. Withhold state taxes unless required by law. Do NOT withhold state taxes at the applicable rate. Withhold state taxes at the		All Months	or	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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lease complete this section if you wish to transfer funds electronically	/ to your bank.	
ank Account Registration		
ame of Banking Institution	Telephone Number of Banking Institution	
CH Routing Number	Bank Account Number	
/IRE Routing Number (If different than ACH routing number)	Please Indicate: □Checking □Savings	
The Chec The name Name o Addres	a voided check here. ck must be imprinted with: e of the Banking Institution of Bank Account Owners ss of Banking Institution	
Please Note: Starter checks or n	ed Bank Account Number nutual fund/investment checks are not acceptable. nalized check please call Investor Services.	
ADDITIONAL INSTRUCTIONS		

I. SIGNATURE

The undersigned individual authorizes the withdrawal specified above and the withholding election completed above. It is the undersigned's responsibility to determine correctly the amount of tax that may be due based on all IRA accounts the undersigned may own (including those unknown by or not under the control of the Custodian). The undersigned agrees to indemnify and hold harmless the Custodian and its agents and service providers, including Davis Funds from any losses or expenses incurred if such information is not correct. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the withdrawal specified above.

Substitute Form W-9

I certify under penalty of perjury that:

- 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 Capacity (e.g. Beneficiary, Executor) Date Place 2000/MedallionGuarantee Stamp Here

STATE TAX WITHHOLDING

If your state requires withholding, Davis Funds will withhold at least the required minimum state tax, regardless of your election. Davis Funds does not withhold state taxes for all states.

State of residence	State tax withholding options
AR, CA, DE, IA, KS, MD, NC, OK	State withholding is voluntary whether or not you choose to withhold federal taxes.
MS	 State withholding is voluntary on Normal Distributions. State withholding is mandatory on Premature Distributions and Excess Contribution Returns.
ME, MA, NE, OR, VT, VA	 If you choose federal withholding, you will also be subject to your state's minimum withholding rate unless you request otherwise. If you do NOT choose federal withholding, state withholding is voluntary.
DC	State withholding is voluntary on partial distributions.State withholding is mandatory on full liquidations.
MI	 MI requires state income tax of at least your state's minimum requirements regardless of whether or not federal income tax is withheld. Tax withholding is not required if you meet certain MI requirements governing pension and retirement benefits. Please reference the MI W-4P form for additional information about calculating the amount to withhold from your distribution. Contact your tax advisor or investment representative for additional information about MI requirements.

This tax information is for informational purposes only and should not be considered legal or tax advice. Always consult a tax or legal professional before making financial decisions.

We do not provide tax or legal advice and will not be liable for any decision you make based on this or other general tax information we provide.