

CERTIFICATION OF ACCOUNT CUSTODIAN

**Davis Funds
PO Box 8406
Boston, MA 02266-8406**

For overnight delivery:

**Davis Funds
30 Dan Road
Canton, MA 02021**

Fax: 520-806-7602

Attn: _____

*please call Investor Services at 1-800-279-0279 to confirm receipt.

Re: Fund/Account Number _____

Dear Davis Funds:

I am the custodian of the above-referenced Uniform Gift to Minors/Uniform Transfers to Minors Account created under the laws of the State of _____. I hereby certify that the account beneficiary has not reached the age at which the State requires the account to be transferred to the beneficiary. I further certify that the transaction I have requested is for the benefit of the beneficiary. I understand this transaction will receive the per-share price on the day this form is received if prior to 4:00 p.m. Eastern Time. If additional information or documentation is required to complete this transaction, the per-share price will be determined at the close of business after all required information is received.

1/ Redemption amount: \$ _____

2/ Send proceeds:

By check to address of record

By ACH to bank account on file

By wire to bank account on file

By check, ACH or wire to address
or bank account *not on file**

****Medallion Guarantee required. Please attach a voided check for bank drafts.***

Address: _____

Name of Custodian

Signature of Custodian