

Please complete this form for a distribution from your Traditional, Roth, SEP, or SIMPLE IRA. Please mail this form to: Davis Funds, P.O. Box 8406, Boston, MA 02266-8406. For overnight delivery: State Street Bank & Trust Co., 30 Dan Road, Canton, MA 02021-2809. For assistance, please contact Investor Services at 800-279-0279.

**1. IRA HOLDER INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ + 4 \_\_\_\_\_

Social Security Number \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

Check here if you are changing the address of record for the IRA accounts listed under the Social Security number. You must have your signature medallion guaranteed to redeem money to this new address.

**2. ACCOUNT INFORMATION**

Account Number _____	<input type="checkbox"/> DOLLAR <input type="checkbox"/> PERCENTAGE _____ Fund No. _____	<input type="checkbox"/> DOLLAR <input type="checkbox"/> PERCENTAGE _____ Fund No. _____	<input type="checkbox"/> DOLLAR <input type="checkbox"/> PERCENTAGE _____ Fund No. _____	<input type="checkbox"/> DOLLAR <input type="checkbox"/> PERCENTAGE _____ Fund No. _____
Account Number _____	<input type="checkbox"/> DOLLAR <input type="checkbox"/> PERCENTAGE _____ Fund No. _____	<input type="checkbox"/> DOLLAR <input type="checkbox"/> PERCENTAGE _____ Fund No. _____	<input type="checkbox"/> DOLLAR <input type="checkbox"/> PERCENTAGE _____ Fund No. _____	<input type="checkbox"/> DOLLAR <input type="checkbox"/> PERCENTAGE _____ Fund No. _____

**3. REASON FOR DISTRIBUTION**

- Normal Distribution**-you are 59 1/2 years of age or older.
- Premature Distribution**-you are under age 59 1/2.  
I am under the age of 59 1/2 and not taking substantially equal payments. I understand that I may be subject to a 10% penalty unless an IRC 72(t) exception applies or the distribution is rolled over within 60 days of receipt to another IRA or retirement plan. For distributions from SIMPLE IRA plans, I understand that the penalty will increase to 25% if taken within the first two years of my participation in the plan.
- Return of Excess:** \$ \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ Tax Year of Contribution \_\_\_\_\_  
Amount Date of Contribution
- Premature Exempt Distribution**-you are under age 59 1/2 and meet a penalty exemption (please refer to attached information for detailed list of penalty exemptions)
  - Disability** (additional paperwork required, please see attached information)
  - Death**

**4. DISTRIBUTION INSTRUCTIONS**

Please choose between the following and indicate your desired payment frequency below.

- Calculate and Distribute my RMD based on my account's 12/31 balance.
- Calculate and Distribute my RMD based on the following 12/31 IRA balance: \$ \_\_\_\_\_
- One Time Distribution: \$ \_\_\_\_\_
- Systematic Distribution:** \$ \_\_\_\_\_

Frequency:  Monthly  Quarterly  Annually

Frequency other than monthly, circle the months of distribution: Jan Feb Mar Apr May Jun July Aug Sept Oct Nov Dec

Payments should begin on the \_\_\_\_\_ day of the \_\_\_\_\_ month.

If you do not indicate a month and day to begin your systematic withdrawal payments, they will begin on or about the 25th day of the current month. If you do not indicate a frequency, they will be made annually.

**5. DELIVERY INSTRUCTIONS**

- Mail the check** to the IRA holder at the address on record.
- Overnight Mail** \$25.00 fee will be taken from redemption proceeds. Unless otherwise indicated below, the check will be sent to your address of record.
- Mail** the distribution check to the **third party** payee at the address listed below. You must obtain a medallion signature guarantee.

[Redacted Name of Payee]

Name of Payee

[Redacted Street Address]

Street Address

[Redacted City]

City

[Redacted State]

State

[Redacted Zip Code]

Zip Code

[Redacted + 4]

+ 4

- ACH** transfer to the banking instructions on record. If you are establishing or changing your banking instructions, please complete section #6 and you must obtain a medallion signature guarantee.
- Electronic "Wire"** transfer to the banking instructions on record. A \$5.00 wire fee applies. One-time distribution only, not available for systematic withdrawals. Proceeds usually wired the next business day. If you are establishing or changing your banking instructions, please complete section #6 and you must obtain a medallion signature guarantee.
- Transfer the distribution shares** into a Davis non-retirement account(s) in the same class of shares. If this is a new account, please attach a completed Davis Account Application to this IRA Distribution Form. If this is an existing account, please indicate the Fund and Account numbers below. If you are transferring shares to a Davis account registered to someone other than, or in addition to, the IRA owner, you must obtain a medallion signature guarantee.

[Redacted Fund No.]

Fund No.

[Redacted Account Number]

Account Number

[Redacted Fund No.]

Fund No.

[Redacted Account Number]

Account Number

**6. BANKING INSTRUCTIONS**

If you would like to receive your distribution by electronic wire or ACH, and have not previously established banking instructions on your account, please complete this section.

[Redacted Bank Name]

Bank Name

( [Redacted] ) [Redacted] - [Redacted]

Bank Phone Number

[Redacted Bank Account Number]

Bank Account Number

[Redacted Routing/ABA Number of Bank]

Routing/ABA Number of Bank

*Please tape a voided check or encoded deposit slip here.*

*The check or deposit slip must be imprinted with:*  
*Name of Financial Institution*  
*Name of Bank Account Owners*  
*Address of Financial Institution*  
*Encoded Bank Account Number*

*Please note: Generic deposit slips, starter checks, or mutual fund/investment checks are not acceptable.*

**7. W-4P WITHHOLDING ELECTION**

Your distribution will be subject to federal income tax withholding at a rate of 10% **unless** you indicate otherwise here.

- Do not withhold taxes.** I understand that I am still responsible for payment of any federal or state taxes on my distribution(s).
- Please withhold** \_\_\_\_\_ % (minimum 10%) from my distribution(s).

For systematic distributions, your withholding election indicated here will remain effective until you revoke it or change it. You may revoke or change your withholding election at any time.

**8. SIGNATURE**

By signing this form I authorize State Street Bank & Trust Co. and its service agents to redeem shares from my Davis Funds IRA. I understand that Davis Funds does not provide IRA distribution tax advice and that I am responsible for the payment of any taxes.

The undersigned individual authorizes the withdrawal and withholding election herein specified. The undersigned acknowledges that the box marked in Section 3 is correct and that 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 herein specified.

**Your signature must be Medallion Guaranteed if you are requesting any of the following:**

- A distribution greater than \$100,000.
- Adding or changing banking instructions.
- Distribution to an address other than the address of record.
- Distribution to any address of record changed within 30 days.
- A distribution to someone other than the IRA holder.
- Distribution to an account registered other than, or in addition to, the IRA holder (e.g. Joint Tenant).

\_\_\_\_\_  
Signature of IRA Owner

\_\_\_\_\_  
Date

Place Medallion Signature Guarantee above \*

\* Eligible guarantors as defined by the Securities Exchange Act of 1934 include federally insured financial institutions, registered broker-dealer, or participants in a recognized medallion signature guarantee program. Please verify with the institution that it is an eligible guarantor prior to signing. Authorization of signatures by a notary public cannot be accepted in lieu of a medallion signature guarantee.

### Penalty Exceptions

Since the purpose of an IRA is to accumulate funds for retirement, your receipt or use of any portion of your IRA before you attain age 59 1/2 generally will be considered as an early withdrawal and subject to a 10% penalty tax.

The 10% penalty tax for early withdrawal will not apply if:

- The distribution was a result of your **death** or **disability**.
- The purpose of the withdrawal is to pay **certain higher education expenses** for yourself or your spouse, child, or grandchild. Qualifying expenses include tuition, fees, books, supplies and equipment required for attendance at a post-secondary educational institution. Room and board expenses may qualify if the student is attending at least half-time.
- The withdrawal is used to pay **eligible first-time homebuyer expenses**. These are the costs of purchasing, building or rebuilding a principal residence (including customary settlement, financing or closing costs). The purchaser may be you, your spouse, or a child, grandchild, parent or grandparent of you or your spouse. An individual is considered a 'first-time homebuyer' if the individual did not have, (or, if married, neither spouse had) an ownership interest in a principal residence during the two year period immediately preceding the acquisition in question. The withdrawal must be used for eligible expenses within 120 days after the withdrawal. (If there is an unexpected delay, or cancellation of the home acquisition, a withdrawal may be redeposited.)
- The withdrawal is used to pay for unreimbursed **medical** expenses in excess of 7.5% of your adjusted gross income.
- The distribution is used to pay for **health insurance coverage** for you, your spouse or your dependents. This exception applies only if you were unemployed and received federal or state unemployment compensation for at least 12 weeks. If you have been re-employed for 60 or more days, this exception may not apply.
- The distribution is taken in a series of **substantially equal periodic payments** for your life, or life expectancy. The 10% penalty tax will not apply if you make no change in the series of payments until the end of five years or until you reach age 59 1/2, whichever is later.

### Distributions Requiring Additional Information

For several distribution reasons, the Custodian of your Davis Funds IRA requires that additional paperwork or instruction accompany your Distribution Form as follows:

#### *Reason for Distribution*

**Divorce** If the former spouse of an IRA holder is requesting a distribution due to a divorce settlement please provide:

A court order certified within 60 days and a medallion guaranteed letter of instruction to redeem.

**Death** The primary beneficiary of the IRA needs to provide:

- A certified copy of the death certificate.
- A medallion guaranteed letter of instruction, including mailing address of beneficiary.
- Form W-9 to certify the beneficiary's social security number.
- A tax waiver if the decedent was registered in a tax waiver state.

**Special Note: Substantially Equal Periodic Payments** Please carefully review the rules (72t) governing these payments with your tax advisor before establishing these distributions from your IRA.