Account Application

For Non-Business Registrations

When complete please return to **Davis Funds, PO Box 219197, Kansas City, MO 64121-9197.**
For overnight mail: **Davis Funds, 801 Pennsylvania Ave, Suite 219197, Kansas City, MO 64105-1307**
For assistance please call **Investor Services at 1-800-279-0279.**
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

If you do not indicate the share class in Part 2, Class A shares will be purchased. If no fund is selected, Davis Government Money Market Class A Shares will be purchased.

1. Purchase Method

☐ Check enclosed for $_____ payable to Davis Funds.
NO THIRD PARTY CHECKS, STARTER CHECKS, TRAVELER'S CHECKS OR MONEY ORDERS, PLEASE.

☐ Account will be funded by a Transfer, Change of Ownership, or Re-registration.

2. Allocation	**Dollar Amount** ($1,000 minimum per fund)	or **Percentage** ($1,000 minimum per fund)	**Class of Shares**	
Davis New York Venture Fund	$_____	_____%	☐ A (425)	☐ C (735)
Davis International Fund	$_____	_____%	☐ A (2250)	☐ C (2252)
Davis Global Fund	$_____	_____%	☐ A (1820)	☐ C (1822)
Davis Financial Fund	$_____	_____%	☐ A (438)	☐ C (838)
Davis Opportunity Fund	$_____	_____%	☐ A (720)	☐ C (822)
Davis Balanced Fund	$_____	_____%	☐ A (439)	☐ C (839)
Davis Real Estate Fund	$_____	_____%	☐ A (429)	☐ C (829)
Davis Government Bond Fund	$_____	_____%	☐ A (721)	☐ C (821)
Davis Government Money Market Fund	$_____	_____%	☐ A (427)	☐ C (737)

B. COST BASIS INFORMATION

Federal law requires mutual fund companies to report cost basis information to shareholders and to the Internal Revenue Service (IRS) on mutual fund shares acquired and subsequently redeemed after January 1, 2012. In order to provide you and the IRS with accurate cost basis accounting, you are being asked to select a cost basis method for the fund(s) within this new account.

You may want to consult your tax adviser to determine which method best suits your individual tax situation.

If you do not elect a method, the Fund default method of Average Cost will apply until such time that it is revoked or changed by you.

Please choose one of the following available cost basis methods:

☐ Average Cost (ACST)—The purchase price of all covered shares in the account are averaged.

☐ First In, First Out (FIFO)—Depletes shares beginning with the earliest acquisition date.

☐ Last In, First Out (LIFO)—Depletes shares beginning with the most recent acquisition date.

☐ High Cost (HIFO)—Depletes shares beginning with the most expensive shares.

☐ Low Cost (LOFO)—Depletes shares beginning with the least expensive shares.

☐ Loss/Gain Utilization (LGUT)—Depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares.

☐ Specific Lot Identification (SLID)—You will inform us at the time of redemption which specific share lots you want redeemed.*

*If selecting Specific Lot Identification, you must choose a secondary method to be used for all systematic redemptions, for redemptions placed without identifying a specific share lot, or when identified lots are unavailable/ insufficient to satisfy the requested redemption. Average Cost can not be used as your secondary method. If no secondary method is selected, FIFO will be used.

Please choose one of the following as your secondary method:

☐ First In, First Out (FIFO)

☐ Last In, First Out (LIFO)

☐ High Cost (HIFO)

☐ Low Cost (LOFO)

☐ Loss/Gain Utilization (LGUT)

*Your elected cost basis method will be applied to all funds chosen for this **new account.** Should you wish to make a different cost basis election for one or all of the various funds within this account, please call Investor Services for additional instructions at 1-800-279-0279.*

C. ACCOUNT REGISTRATION

(Check only one.)

☐ **Individual Account (Complete 1)**

☐ **Joint Account (Complete 1)**

(Select a joint account type)

- ☐ Joint Tenants with Rights of Survivorship
- ☐ Tenants in Common
- ☐ Community Property

☐ **UGMA/UTMA (Complete 2)**

☐ **Trust or Estate Account (Complete 3)**

For POA, Guardianship or Conservatorship registrations please call Investor Services at 1-800-279-0279 for further instructions.

1. Individual or Joint Account. If a joint account type is not selected above, your account will default to joint Tenants with Rights of Survivorship

Owner's Name (First, MI, Last)

Residential Street Address (Please complete section D if account mailing address is different than the residential address.) | Suite/Apartment

City | State | Zip Code

Daytime Telephone Number | E-mail Address

Social Security Number | Date of Birth | ☐ U.S. Citizen | ☐ Resident Alien

Joint Owner's Name *(if applicable)* (First, MI, Last)

Residential Street Address (Required if different than the owner's residential address.) | Suite/Apartment

City | State | Zip Code

Daytime Telephone Number | E-mail Address

Social Security Number | Date of Birth | ☐ U.S. Citizen | ☐ Resident Alien

OPTIONAL: ADD TRANSFER ON DEATH (TOD) BENEFICIARY TO INDIVIDUAL OR JOINT ACCOUNT

☐ **Add Transfer on Death to your Individual or Joint account (Only applies to Individual or Joint Tenants with Rights of Survivorship accounts).**

Please provide beneficiaries below; attach separate sheet if necessary. For accounts with multiple beneficiaries, if a percentage allocation is not clearly indicated the default is that the beneficiaries will receive equal percentages. The inheritance method used will be per capita unless the words "per stirpes" are written next to the beneficiary's name. Total percentage allocation must equal 100%. Contact Investor Services for specific questions regarding Transfer on Death Accounts.

A. Primary Beneficiary(ies)

Beneficiary Name (First, MI, Last) | Percentage (%)

Residential Street Address | Suite/Apartment

City | State | Zip Code | Daytime Telephone Number

Social Security Number | Date of Birth | ☐ U.S. Citizen | ☐ Resident Alien | Relationship

Beneficiary Name (First, MI, Last) | Percentage (%)

Residential Street Address | Suite/Apartment

City | State | Zip Code | Daytime Telephone Number

Social Security Number | Date of Birth | ☐ U.S. Citizen | ☐ Resident Alien | Relationship

B. Contingent Beneficiary(ies)

Beneficiary Name (First, MI, Last) | Percentage (%)

Residential Street Address | Suite/Apartment

City | State | Zip Code | Daytime Telephone Number

Social Security Number | Date of Birth | ☐ U.S. Citizen | ☐ Resident Alien | Relationship

Beneficiary Name (First, MI, Last) | Percentage (%)

Residential Street Address | Suite/Apartment

City | State | Zip Code | Daytime Telephone Number

Social Security Number | Date of Birth | ☐ U.S. Citizen | ☐ Resident Alien | Relationship

C. ACCOUNT REGISTRATION—Cont'd

2. Uniform Gifts/Transfers to Minors Act (UGMA/UTMA) Account

By signing this account application, the custodian agrees that the minor will be compensated for all shares redeemed from this account. The assets in a UGMA/UTMA account are considered an irrevocable gift to the minor named in the account registration. The age of termination varies by state, generally 18 or 21 years of age. Certain states permit the Custodian to extend beyond the statutory age of termination at the time of account establishment to a maximum of 21 or 25 years of age. The account will be set up with the default age of termination according to the state named in the account's registration. If the Custodian wishes to apply the applicable state's extended termination date, indicate the extended age here (either 21 or 25) _____ . The Custodian agrees and acknowledges that they are responsible under applicable state law for determining the proper termination age and that Davis Funds is not responsible for doing so. The Custodian agrees to transfer the account to the beneficiary upon termination. Davis Funds reserves the right to restrict the Custodian's ability to transact in the account upon the beneficiary reaching the age of termination.

Custodian's Name (First, MI, Last)

Custodian's Residential Street Address | Suite/Apartment

City | State | Zip Code

Daytime Telephone Number | E-mail Address

Social Security Number | Date of Birth | ☐ U.S. Citizen | ☐ Resident Alien

Minor's Name (First, MI, Last)

State Governing UGMA/UTMA

Minor's Residential Street Address | Suite/Apartment

City | State | Zip Code | Daytime Telephone Number

Social Security Number | Date of Birth | ☐ U.S. Citizen | ☐ Resident Alien

Successor Custodian's Name (First, MI, Last)

Residential Street Address | Suite/Apartment

City | State | Zip Code | Daytime Telephone Number

Social Security Number | Date of Birth | ☐ U.S. Citizen | ☐ Resident Alien

ALL correspondence for this account will be mailed to the Minor's address unless section D is completed.

C. ACCOUNT REGISTRATION—Cont'd

3. Trusts/Estates:

Trusts
Please provide a copy of the title and signature pages of the Trust Agreement, or a copy of the Certification of Trust that provides the name of the trust and the names and signatures of the trustee(s).

Estates
Please provide Letters of Testamentary/Letters of Administration or other court issued document(s) that appoint the executor. Court documents must be certified within 60 days.

Name of the Trust/Estate _____

Trust/Estate (EIN) _____

Trustee/Executor Name (First, MI, Last)

Residential Street Address (Please complete section D if account mailing address is different than the residential address.) | Suite/Apartment

City | State | Zip Code

Daytime Telephone Number | E-mail Address

Social Security Number | Date of Birth | ☐ U.S. Citizen | ☐ Resident Alien

Co-Trustee/Co-Executor Name (First, MI, Last)

Residential Street Address | Suite/Apartment

City | State | Zip Code

Daytime Telephone Number | E-mail Address

Social Security Number | Date of Birth | ☐ U.S. Citizen | ☐ Resident Alien

D. MAILING ADDRESS

If your mailing address is different than the residential address, please provide a mailing address. 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

E. ELECTRONIC DELIVERY OF REGULATORY MAILINGS

By providing your e-mail address in Section C, you are agreeing to e-Delivery of prospectuses (including supplements and amendments), annual, and semi-annual tailored shareholder reports UNLESS you check the box below:

☐ I do not want e-Delivery

Important Notes Regarding e-Delivery:

- Only one e-mail address may be used for e-Delivery. If multiple e-mail addresses are provided in Section C, the fund will default to the first e-mail address listed.
- In order to receive quarterly statements and tax forms electronically you will need to establish online account access and review the e-Delivery Consent section of your online account. Your e-Delivery elections can be changed at any time by returning to this section of your online account.

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. REDUCED SALES CHARGE

1. ☐ **Rights of Accumulation (ROA)—**You may qualify for a reduced sales charge on Class A purchases if you already own Class A, B, or C shares of other Davis Funds, excluding shares in the Davis Government Money Market Fund. Please provide us with your account number(s) below so we can determine your eligibility.

Account Number(s): _____

2. ☐ **Statement of Intent (SOI)—**You can reduce the sales charge you pay on Class A shares by investing a certain amount over a 13-month period. Please indicate the total amount you intend to invest over the next 13 months.

☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $750,000 ☐ $1,000,000

3. ☐ **Net Asset Value (NAV)—**I have read the prospectus and qualify for a complete waiver of the sales charge on Class A shares. Registered representatives may complete the Dealer Information section as proof of eligibility.

Reason for NAV Privilege: _____

H. DISTRIBUTION OPTIONS

If no box is checked your distribution(s) will be reinvested. Please complete this section and section M, Banking Instructions, to send distributions via ACH to your bank account.

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 that I own

Fund Number _____

Account Number _____

☐ Send dividends to my bank by way of Automated Clearing House (ACH)

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 that I own

Fund Number _____

Account Number _____

☐ Send capital gains to my bank by way of Automated Clearing House (ACH)

I. AUTOMATIC INVESTMENT PROGRAM—Optional

Please complete this section and section M, Banking Instructions, to add this option. Transactions will occur on the 15th of the month unless otherwise specified below. The account minimum of $1,000 must be met prior to establishing an "Automatic Investment Program."

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: _____

J. CHECK WRITING PRIVILEGE—Class A Money Market Accounts Only.

This option allows you to write checks of $250 or more on your Davis Money Market Class A account.

☐ Check here if all owners' signatures are required on checks. If this box is not checked, only one signature is required.

To apply a stop payment to a money market check, please call Investor Services at 1-800-279-0279.

By signing below I/we understand:

1. My/Our Davis Series, Inc. Government Money Market Fund drafts are paid from an account of Davis Series, Inc. at State Street Bank and Trust Company ("State Street").
2. In connection with this account, I/we have the same rights and duties with respect to stop payment orders, "stale" drafts, unauthorized signatures, alterations, and unauthorized endorsements, as bank checking account customers do under Massachusetts Uniform Commercial Code. All notice with regard to these rights and duties must be given to the Fund.

_____ _____
Printed Name of Authorized Signer (First, MI, Last) Printed Name of Joint Authorized Signer (First, MI, Last)

_____ _____ _____ _____
Signature of Authorized Signer Date Signature of Joint Authorized Signer Date

K. 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. ***Note:** Social security number, date of birth, and U.S. citizenship/resident alien status are required only if a third party is conducting telephone transactions 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

_____ _____
Daytime Telephone Number E-mail Address

_____ _____ ☐ *U.S. Citizen ☐ *Resident Alien
*Social Security Number *Date of Birth

L. TRUSTED CONTACT—Optional

To designate a Trusted Contact Person (TCP) for your Davis 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 | E-mail 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 | E-mail Address

By designating a TCP on your account, you are authorizing, but not requiring, Davis 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 Davis Funds or their agents may notify the financial professional or advisor of our interactions with the TCP. You agree that Davis 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 Davis Funds to place a temporary hold on disbursements of funds or positions from your account or a temporary hold on further trades if Davis 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 Davis 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 Davis 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 Davis Funds or their representatives contacting, or failing to contact, the TCP identified in this document.

M. BANKING INSTRUCTIONS—Optional

Please complete this section if you wish to transfer funds electronically to and from your bank.

Bank Account Owner (Please print name(s) on bank account)

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

N. AUTHORIZATION AND SIGNATURE(S) *(All registered owners must sign and date below.)*

By signing this application form I certify that:

- I/We are of legal age and capacity and are authorized to purchase shares.
- I/We certify that all the information disclosed in this application is true and correct and that I/we agree to and accept all terms, features and conditions selected throughout this application. I/We acknowledge that Davis Funds will use this application and/or any required documents for the purpose of verifying the identity of the registered owner(s) in accordance with the requirements of the U.S. Patriot Act. I/We understand that Davis Funds does not assume any responsibility for monitoring, maintaining, interpreting or enforcing any terms of the provisions of these documents. Should I/we not provide all appropriate customer identification requirements requested by Davis Funds within (3 days) of such request, I/we understand that this failure to comply will result in a return of my/our investment.
- I/We have read the CURRENT prospectus of each fund that I/we are investing in and agree to be bound by its terms and conditions.
- I/We are responsible for reading the prospectus of any fund into which I/we exchange.
- If other members of my/our family have shares in the same Davis Fund(s) that I/we own, I/we agree that Davis Funds may send a single copy to my/our household of that fund's updated prospectus, annual report, semi-annual report, or other information that is required to be delivered. If I/we wish to receive a separate copy of these materials, I/we agree to tell the Davis Funds by phone, in writing or by e-mail.
- If I/we, or any person with ownership in this account is affiliated with, or employed by, a stock exchange, member firm of an exchange or FINRA or a municipal securities broker-dealer, it is my/our responsibility to inform my/our employer of the establishment of this account.
- I/We understand our mutual fund shares may be transferred to the appropriate state if no activity occurs, or if statements of my/our account activity prove undeliverable, within the time period specified by state law.
- I/We release Davis Funds and their agents and representatives from all liability and agree to indemnify them from all losses, damages or costs for acting in good faith in accordance with instructions, including telephone instructions, written instruction or internet transactions believed to be genuine. I/We agree to notify Davis Funds promptly in writing if any information on this application changes.
- I/We agree that telephone/internet exchange/redemption/purchase services will be activated automatically upon the establishment of my/our account(s). If I/we do not want these services I/we will notify Davis Funds of my/our wish to terminate them.
- By consenting to electronic delivery of documents I/we understand that when these documents are available I/we will receive an e-mail notification that will contain a link to the Fund's website, where I/we will be able to view or download the updated document.
- I/We have read **Third Party Instructions** and I/we are aware that I/we are able to designate a third party who is able to provide information about me in case you are not able to reach me.

Substitute Form W-9

I certify under penalty of perjury that:

1. 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.

SIGN HERE _____ _____

Signature of Shareholder Date

SIGN HERE _____ _____

Signature of Shareholder Date