Broker Information Update Form



Regular mail: Davis Funds, PO Box 219197, Kansas City, MO 64121-9197 For overnight mail: Davis Funds, 430 W 7th Street, Suite 219197, Kansas City, MO 64105-1407 Phone: 1-800-279-0279 Fax: 816-218-0447 Web: www.davisfunds.com

INSTRUCTIONS

- This form is used to update information on accounts held at the current Broker/Dealer of record.
- Signature from a **Registered Principal or OSJ Manager** is required.

Broker/Dealer Firm Name			Branch Code			
Old Branch Operating Address		□ This branch address is closing permanently.				
City		tate	Zip Code		Phone Number	
			210 6046			
New Branch Operating Address			Branch C	ode(s)		
City	St	tate	Zip Code		Phone Number	
ACCOUNT REASSIGNMENT						
Account Reassignment Reason: 🛛 Rep	(s) retiring or terminated	□ New Rep o	code allocation \Box New	v split-Rep code	□ Other	
☐ Please reassign ALL accounts from the	e current Branch/Represe	ntative code to	a new Branch/Represen	tative code.		
Old Representative			New Representative			
DId Representative Code	 N	New Representative Code New Branch Code(s)				
Did Branch Code(s)	N					
			New Address			
DId Address		 N	lew Address			
	State Zip Co		lew Address ity		State Zip Code	
City S		ode C			State Zip Code	
City S	, please fill out the below s	ode C		FUND	State Zip Code	
Tity	, please fill out the below s	ode C	ity			
Tity Sity Sity Sity Site of specific accounts,	, please fill out the below s	ode C	ity			
City S	, please fill out the below s	ode C	ity			
CityS	, please fill out the below s	ode C	ity			
For reassignment of specific accounts,	, please fill out the below s	ode C	ity			