

K. BANKING INSTRUCTIONS—Optional

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

Bank Account Registration

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

Please tape a voided check here.

The Check must be imprinted with:
 The name of the Banking Institution
 Name of Bank Account Owners
 Address of Banking Institution
 Encoded Bank Account Number

*Please Note: Starter checks or mutual fund/investment checks are not acceptable.
 If you do not have a personalized check please call Investor Services.*

L. 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, C, Y, or R 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: _____

M. DESIGNATE OF DEATH BENEFICIARY

Designated Death Beneficiary's Information (Designated *Death Beneficiary* must be a family member of the Designated Beneficiary. In the event of the Designated beneficiary's death, the Designated Death Beneficiary will become the Designated Beneficiary, provided Designated Death Beneficiary is less than age 30 at date of death.)

Name	Birth Date	Relationship	Social Security Number	Type of Beneficiary	Share %
_____	_____	_____	_____	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	_____
_____	_____	_____	_____	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	_____
_____	_____	_____	_____	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	_____
_____	_____	_____	_____	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	_____
_____	_____	_____	_____	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	_____

N. CERTIFICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I am of legal age and have read the current prospectus(es), and this application. I hold harmless and indemnify Davis Distributors, LLC, each of the mutual funds for which it is distributor ("Davis Funds") and each of their respective partners, sub-advisers, directors, officers, employees and agents from any losses, expenses, costs or liability (including attorney fees) which I may incur in connection with my instructions in this application and any other instructions given in writing, by telephone or electronically and reasonably believed to be genuine. **Under the penalty of perjury, I certify that the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number.** If I am affiliated with, or work for, a FINRA member firm, I will attach information concerning my employment. This application shall apply to any Davis Funds account I establish at any later date unless specifically changed in writing.

If this is a Rollover Coverdell Education Savings Account, the undersigned certifies that any assets transferred in kind are the same assets received in the distribution being rolled over; that no rollover into a Coverdell Education Savings Account has been made within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to the Account; and that the Student identified in Item B above is either the person for whose benefit the prior Coverdell Education Savings Account was maintained or a member of such person's family (within the meaning of Internal Revenue Code Section 529(e)(2)).

If this is an Annual Contribution Coverdell Education Savings Account, the undersigned certifies that the Student is less than 18 years old and that all Contributions made on the Student's behalf to this or any other Coverdell Education Savings Account do not exceed \$2,000 in a single tax year. If this is a Transfer or Rollover of an existing Coverdell Education Savings Account, the undersigned certifies that the Student is less than 30 years old and that the relationship indicated in Section D is correct.

The undersigned acknowledges having received and read the UMB, n.a. Coverdell ESA Custodial Account Agreement and Disclosure Statement and understands the terms contained therein.

If the Responsible Individual or Donor is affiliated with, or employed by, a stock exchange, member firm of an exchange or FINRA or a municipal securities broker-dealer, it will be your responsibility to inform your employer of the establishment of this account.

If no activity occurs in your account within the timeframe specified by the law in your state or if account statements mailed to you by the Fund are returned as undeliverable during that timeframe, the ownership of your account may be transferred to your state. This is called escheatment. By keeping your mailing address current with the Fund, your account will not be escheated by the state.

I have read Third Party Instructions and I am aware that I am able to designate a third party who is able to provide information about me in case you are not able to reach me.

O. SIGNATURES

Signature of Student (If student has reached age of majority in his/her state of residence)

Date

By signing above, I certify that I am a U.S. citizen or resident alien with a certified taxpayer I.D. Funds not available for purchase by non-resident alien

Signature of Responsible Individual

Date

By signing above, I certify that I am a U.S. citizen or resident alien with a certified taxpayer I.D. Funds not available for purchase by non-resident alien

Signature of Donor

Date

By signing above, I certify that I am a U.S. citizen or resident alien with a certified taxpayer I.D. Funds not available for purchase by non-resident alien

Custodian Acceptance

UMB Bank will accept appointment as Custodian of the Depositor's Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement of the transaction. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated above will serve as notification of UMB Bank's acceptance of appointment as Custodian of the Depositor's Account.