

# IRA Application



When complete please return to **Davis Funds, P.O. Box 219197, Kansas City, MO 64121-9197.**  
For overnight mail: **Davis Funds, 430 W. 7th St, Suite 219197, Kansas City, MO 64105-1407.**  
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 *Please complete Part 1 AND Part 2 in this section*

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.**

Contribution for tax year \$ \_\_\_\_\_  Transfer of Assets - Approximate transfer amount \$ \_\_\_\_\_  Rollover \$ \_\_\_\_\_

### 2. Allocation

	Dollar Amount (\$1,000 minimum per fund)	Class of Shares	
Davis New York Venture Fund	\$ _____	<input type="checkbox"/> A (425)	<input type="checkbox"/> C (735)
Davis International Fund	\$ _____	<input type="checkbox"/> A (2250)	<input type="checkbox"/> C (2252)
Davis Global Fund	\$ _____	<input type="checkbox"/> A (1820)	<input type="checkbox"/> C (1822)
Davis Financial Fund	\$ _____	<input type="checkbox"/> A (438)	<input type="checkbox"/> C (838)
Davis Opportunity Fund	\$ _____	<input type="checkbox"/> A (720)	<input type="checkbox"/> C (822)
Davis Appreciation & Income Fund	\$ _____	<input type="checkbox"/> A (439)	<input type="checkbox"/> C (839)
Davis Real Estate Fund	\$ _____	<input type="checkbox"/> A (429)	<input type="checkbox"/> C (829)
Davis Government Bond Fund	\$ _____	<input type="checkbox"/> A (721)	<input type="checkbox"/> C (821)
Davis Government Money Market Fund	\$ _____	<input type="checkbox"/> A (427)	<input type="checkbox"/> C (737)

## B. ACCOUNT REGISTRATION

Owner's Name (First, MI, Last) \_\_\_\_\_

Residential Street Address (Please complete section E if account mailing address is different than the residential address.) \_\_\_\_\_

Suite/Apartment \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

## C. TYPE OF IRA

- Traditional IRA
- Inherited (Deceased) IRA
- SEP-IRA
- SIMPLE-IRA
- Roth IRA\*

\* If you would like to convert an existing Traditional IRA, SEP IRA or a SIMPLE IRA to a new or existing ROTH IRA please use the Davis Funds ROTH IRA Conversion Form.

**A. IRA Transfer:** To transfer or directly rollover your IRA assets from another institution please complete the IRA Transfer of Assets Form.

**B. Direct Rollover from an Employer's Plan:** To directly rollover assets from an employer-sponsored retirement plan such as a 401(k), 403(b) or pension plan, please complete the following two steps:

1. Contact your (former) company's benefits plan administrator. Your company may require that you fill out its form(s) in order to process your request.
2. Please complete the IRA Transfer of Assets Form.

## D. ELECTRONIC DELIVERY OF REGULATORY MAILINGS

To authorize Davis Funds, when permitted by law, to send statements and other important documents electronically (e.g. prospectus, quarterly statements, tax forms) please establish online account access and review the Edelivery Consent section of your online account. Your Edelivery elections can be changed at any time by returning to this section of your online account.

**E. MAILING ADDRESS**

If your mailing address is different than the residential address, please provide it below. 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 \_\_\_\_\_

**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. AUTOMATIC INVESTMENT PROGRAM—Optional**

Please complete this section and Section K, Banking Instructions, to add this option. Transactions will occur on the 15th of the month unless otherwise specified below. Each draft must be at least \$25.

- 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:** \_\_\_\_\_

Important Notes: Contributions can be credited for the prior year until April 15, only upon request. It is your responsibility to ensure that investments are coded properly and do not exceed your annual contribution limits. If you over contribute, the IRS may charge you a penalty. AIPs cannot be set up on SIMPLE or 403B Retirement Accounts.

**I. 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.

**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 Email Address

**J. TRUSTED CONTACT—Optional**

To designate a Trusted Contact Person 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 Email 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 Email 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.

**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

**L. DESIGNATE YOUR IRA BENEFICIARIES**

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	_____

**Spousal Consent**

**(Only needed if you live in a community property state and are not naming your spouse as the primary beneficiary)**

I hereby consent to the designation of beneficiary(ies) stated above. Married residents of AZ, CA, ID, LA, NV, NM, TX, WA and WI must sign below if spouse is not designated as primary beneficiary.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

