IRA Application

When complete please return to **Davis Funds, P.O. 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 *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	$____________	☐ 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. 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 | E-mail Address

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

By providing your e-mail address in Section B, 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 Note Regarding e-Delivery:

- 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.

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 | E-mail 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 | 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.

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 %
				☐ PRIMARY ☐ CONTINGENT	
				☐ PRIMARY ☐ CONTINGENT	
				☐ PRIMARY ☐ CONTINGENT	
				☐ PRIMARY ☐ CONTINGENT	
				☐ PRIMARY ☐ 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

M. AUTHORIZATION AND SIGNATURE *(Please sign and date below.)*

By signing this application form I certify that:

- I am of legal age and capacity and am authorized to purchase shares.
- I certify that all the information disclosed in this application is true and correct and that I agree to and accept all terms, features and conditions selected throughout this application. I acknowledge that Davis Funds will use this application and/or any required documents for the purpose of verifying my identity in accordance with the requirements of the USA PATRIOT Act. I 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 not provide all appropriate customer identification requirements requested by Davis Funds within (3 days) of such request, I understand that this failure to comply will result in a return of my investment.
- I have read the CURRENT prospectus of each fund that I am investing in and agree to be bound by its terms and conditions.
- I am responsible for reading the prospectus of any fund into which I exchange.
- If other members of my family have shares in the same Davis Fund(s) that I own, I agree that Davis Funds may send a single copy to my household of that fund's updated prospectus, annual report, semi-annual report, or other information that is required to be delivered. If I wish to receive a separate copy of these materials, I agree to tell Davis Funds by phone, in writing or by e-mail.
- If I am affiliated with, or employed by, a stock exchange, member firm of an exchange or FINRA or a municipal securities broker-dealer, it is my responsibility to inform my employer of the establishment of this account.
- I understand my mutual fund shares may be transferred to the appropriate state if no activity occurs, or if statements of my account activity prove undeliverable, within the time period specified by state law.
- I release Davis Funds and Davis Distributors, LLC 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 agree to notify Davis Funds promptly in writing if any information on this application changes.
- I agree that telephone/internet exchange/redemption/purchase services will be activated automatically upon the establishment of my account(s). If I do not want these services I will notify Davis Funds of my wish to terminate them.
- By consenting to electronic delivery of documents I understand that when these documents are available I will receive an e-mail notification that will contain a link to the Fund's website, where I will be able to view or download the updated document.
- I have received, read, and agree to the UMB Bank, n.a. Traditional Individual Retirement Custodial Account Agreement and Disclosure Statement, the UMB Bank, n.a. Roth Individual Retirement Custodial Account Agreement and Disclosure Statement, or the UMB Bank, n.a. Simple Individual Retirement Custodial Account Agreement Non-DFI and Disclosure Statement, as applicable. I acknowledge receipt of the Custodial Agreement and Disclosure Statement at least 7 days before the date inscribed below and acknowledge that I have no further right of revocation.
- 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.

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**

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.