



SHAREOWNER Change of Dealer Information

REG MAIL: Davis Funds, PO Box 8406, Boston, MA 02266-8406

OVERNIGHT: Davis Funds, 30 Dan Rd, Canton, MA 02021-2809

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SHAREOWNER INFORMATION

NAME 1: _____ NAME 2, JOINT OWNER: _____
 ADDRESS: _____ ADDRESS: _____
 ADDRESS: _____ ADDRESS: _____
 CITY: _____ CITY: _____
 STATE: _____ ZIP CODE: _____ STATE: _____ ZIP CODE: _____

EXISTING ACCOUNTS TO CHANGE. (Select and add instruction in A. or B.)

- A. Please change Dealer Information on all of my accounts under my Social Security number or associated TAX ID number
 SOC SEC # or TAX ID #: _____ SOC SEC # or TAX ID #: _____
- B. Please change Dealer Information on the following account numbers:

FUND	ACCOUNT NUMBER	FUND	ACCOUNT NUMBER	FUND	ACCOUNT NUMBER
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NEW DEALER INFORMATION: (To be completed by your dealer)

We confirm this dealer change and direct you to act as our Agent in accordance with mutual fund accounts and foregoing application. We hereby guarantee the genuineness of the shareowner signature/s and represent to you that we are duly qualified and licensed to sell securities under the laws of the state set forth above as the address of the above shareowners and that we have executed a Dealer Sales Agreement with Davis Distributors, LLC.

Broker / Dealer Firm Name: _____
 New Representative Name/s: _____ Representative Number / Code: _____
 Branch Address: _____ Branch Number / Code: _____
 Branch Address: _____ Phone Number: () _____ - _____
 City: _____ State: _____ Zip Code: _____
 Signature: X _____ Signer Capacity: _____

TO REMOVE DEALER INFORMATION: (Read, check box, and sign below.)

Please remove ALL current dealer information. By requesting that the Davis Funds remove the current dealer information, I understand that Davis Distributors, LLC will be placed on the account as de facto dealer of record on my account/s. I further acknowledge that Davis Distributors holds no Fiduciary obligation or advisory service in this capacity.

SIGNATURES (All registered owners must sign)	CAPACITY	DATE	PHONE
X _____	_____	_____	() _____ - _____
X _____	_____	_____	() _____ - _____