403(b) Distribution Form

Please complete this form for a distribution from your 403(b) plan. Please mail this form to: **Davis Funds, PO Box 219197, Kansas City, MO 64121-9197**.
For overnight delivery: **Davis Funds, 430 W 7th Street, Suite 219197, Kansas City, MO 64105-1407.**
For assistance, please call **Investor Services at 800-279-0279.**

A. PARTICIPANT INFORMATION

Name of Employee

Employee Address

City

State

Zip Code

+ 4

Social Security Number

Daytime Telephone Number

Evening Telephone Number

B. ACCOUNT INFORMATION

Account Number

❑ DOLLAR
❑ PERCENTAGE _______
Fund No.

❑ DOLLAR
❑ PERCENTAGE _______
Fund No.

❑ DOLLAR
❑ PERCENTAGE _______
Fund No.

C. REASON FOR DISTRIBUTION *(TO BE COMPLETED BY PLAN ADMINISTRATOR OR EMPLOYER—PLEASE SELECT ONE OPTION)*

❑ Age 59 1/2 or older

❑ Required minimum distribution (RMD)

❑ Severance from Employment and under age 59 1/2

❑ Hardship withdrawal (Also complete section E)

❑ Total and permanent disability

❑ Death

Date of Event or Death ___ / ___ / ____

D. METHOD OF DISTRIBUTION *(TO BE COMPLETED BY THE EMPLOYEE—PLEASE SELECT ONE OPTION)*

❑ Distribute 100% of my account balance to me.

❑ Distribute______% of my account balance, or $____________, to me.

❑ Calculate and distribute my RMD to me based on my account's 12/31 balance.

❑ Calculate and distribute my RMD to me based on the following 12/31 403(b) balance. $___________

❑ Systematic distribution of my ❑ RMD or a ❑ fixed dollar amount $_________ to me on the ___ day of the month.

Systematic delivery method: ❑ Check ❑ ACH to bank

Frequency: ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

Frequency other than monthly, circle the months of distribution: Jan Feb Mar Apr May Jun July Aug Sept Oct Nov Dec

❑ In-Service Transfer______% of my account balance to a 403(b) plan account at the investment provider below.

❑ Direct Rollover of______% of my account balance to a retirement account at the investment provider below.

Type of rollover account: ❑ IRA ❑ Qualified Plan ❑ Non-spouse Inherited IRA ❑ Other_____________

Please provide direct rollover information on the next page (Medallion Guarantee Stamp required*)

Investment Provider Name

Account Number

Account Name or Retirement Plan Name

Address

City State Zip Code + 4

E. HARDSHIP WITHDRAWAL DISTRIBUTION

❑ Hardship Withdrawal Distribution $__________.

I am applying for a hardship withdrawal, as defined by IRS Code Section 403(b)(7), from my account referenced above.

I understand that contributions made under a salary deferral agreement are eligible for hardship withdrawal, and that earning attributable to my contributions after 1988 are **not** eligible for hardship withdrawal. I certify that the amount requested does not include earnings made on the account after December 31, 1988, or any employer contributions.

Reason for Withdrawal

This redemption is due to the following immediate and heavy financial need, and does not exceed the amount needed to meet my hardship, including amounts needed to pay taxes or penalties on the hardship withdrawal.

❑ Medical expenses not covered by insurance incurred for myself, my spouse, and/or my dependents as defined in Section 152 of the Internal Revenue Code.

❑ Purchase of a principal residence for me.

❑ Tuition expenses for the next semester or quarter of post secondary education for me, my spouse, my children, or other dependents.

❑ Prevention of eviction from, or foreclosure on the mortgage on, my principle residence.

❑ Funeral expenses for my immediate family member(s).

Declaration

By law, hardship distributions are only permitted to the extent that other resources are not available to meet your hardship needs.
By signing this form, you affirm the following statements.

I certify that my heavy and immediate financial need cannot be met from other reasonable sources. I certify that the need cannot be met:

- Through reimbursement or compensation by insurance or otherwise.
- By reasonable liquidation of my assets or those of my spouse or my minor children, to the extent that such liquidation would not in itself cause an immediate and heavy financial need.
- By borrowing from commercial sources on reasonable commercial terms.
- By taking loans or distributions from any retirement plan in which I am a participant.
- Under penalty of perjury, I hereby attest that the foregoing facts and declaration are true and correct. By signing this form I acknowledge that I agree that per IRS rules I must suspend my salary withdrawal contributions for a period of six months that commences on the date of my requested hardship distribution.

F. DELIVERY INSTRUCTIONS

❑ **Mail the check** to the address on record.

❑ **Transfer the distribution shares** into a Davis non-retirement account in the same class of shares. If this is a new account, please attach a completed Davis Account Application to the 403(b) Distribution Form. If this is an existing account, please indicate the Fund and Account numbers below. If you are transferring shares to a Davis account registered to someone other than, or in addition to, the account owner, you must obtain a medallion signature guarantee.

Fund No. Account Number Fund No. Account Number

Fund No. Account Number Fund No. Account Number

❑ **ACH** transfer to the bank account on record. If you are establishing or changing your banking instructions, please complete section G and you must obtain a medallion signature guarantee.

❑ **Electronic "Wire"** transfer to the bank account on record. A $5.00 wire fee applies. One-time distributions only, not available for systematic withdrawals. Proceeds are usually wired the next business day. If you are establishing or changing your banking instructions, please complete section G and you must obtain a medallion signature guarantee.

❑ **Mail the check to a 3rd party** at the address listed below. You must obtain a medallion signature guarantee.

Name of Payee

Street Address

City State Zip Code + 4

G. BANKING INSTRUCTIONS

If you would like to receive your distribution by ACH or electronic wire and have not previously established banking instructions on your account, please complete this section. Please staple a voided check to the form. Please note that generic deposit slips, starter checks, or mutual fund/investment checks are not acceptable.

Bank Name: Bank Phone Number:

Bank Account Number: Routing/ABA Number of Bank:

H. W-4P WITHHOLDING ELECTION *(TO BE COMPLETED BY THE EMPLOYEE)*

❑ My distribution does not represent an RMD or hardship withdrawal, and I have not elected a direct rollover. I understand that my distribution is subject to mandatory 20% federal income tax withholding.

❑ Check this box (and one of the two boxes below) if your distribution represents an RMD, a hardship withdrawal, or a direct rollover. If you do not check a box the Davis Funds will withhold 10%.

❑ Do not withhold federal income tax from my distribution.

❑ Withhold at a rate of _____%. The Rate must be at least 10%.

For systematic distributions, your withholding election indicated here will remain effective until you revoke it or change it. You may revoke or change your withholding election at any time. This request must be done in writing.

I. EMPLOYEE'S AUTHORIZATION *(REQUIRED)*

I request the distribution, rollover or transfer from the retirement plan designated above. I wish to waive the 30-day notice period in order for my distribution rollover or transfer to be processed immediately. I understand a valid transfer, if requested, requires that my employer approve the new investment and enter into an agreement with the investment provider named above.

Employee name (please print)

Employee signature

Date / /

Your signature must be Medallion Guaranteed if you are requesting any of the following:

- A distribution greater than $100,000.
- Adding or changing banking instructions.
- Distribution to an address other than the address of record, or any address of record changed within 30 days.
- A distribution to someone other than the 403(b) plan participant.
- An in-service transfer or direct rollover.

J. PLAN ADMINISTRATOR'S OR EMPLOYER'S AUTHORIZATION AND VESTING VERIFICATION *(REQUIRED)*

As Plan Administrator/Employer, I hereby certify that the vesting percentage for this Employee is equal to 100% and that the employee is eligible for the transfer or distribution requested above.

If a transfer is requested, I understand that the Employer must enter into a written agreement with the investment provider receiving this transfer as required by 403(b) regulations.

I authorize the distribution, direct rollover or transfer to be processed in the manner indicated above.

Plan Administrator's/Employer's Name (please print)

Plan Administrator's/Employer's Signature

Date / /

Plan Administrator's/Employer's Title (please print)

Eligibility

Age 59½ or older. You may begin taking distributions at age 59½ even if you continue working. Contributions and investment earnings are taxed as ordinary income at the time of withdrawal.

Required minimum distribution (RMD). You must begin taking RMDs during the year you reach age 70½, unless you are still working for the employer sponsoring the 403(b) plan.

Severance from employment. You may take a distribution anytime after you terminate employment. However, a 10% premature distribution penalty may apply, unless you meet an exception under the Internal Revenue Code.

To claim an exception, you must complete IRS Form 5329. Consult your tax advisor for additional information.

Hardship withdrawal. A hardship is defined as an immediate and heavy financial need when no other funds are available to you.

Total and permanent disability. You may take a distribution without penalty only if your disability is total and permanent as defined by the IRS.

You must sign in Section I and your administrator must sign in Section J. For more information about your eligibility for distributions, contact your administrator or consult your tax advisor. You may also refer to IRS Publications 571, 575, and 590, which are available online at www.irs.gov.