

Please return this application to Davis Funds, P.O. Box 8406, Boston, MA 02266-8406. For overnight mail: Davis Funds, 30 Dan Road, Canton, MA 02021-2809. For assistance, please call Investor Services at 800-279-0279. This application can also be downloaded from our website, www.davisfunds.com. Funds available for purchase by U.S. Citizens or resident aliens only.

TO ENSURE PROPER PROCESSING, PLEASE PRINT CLEARLY IN CAPITAL LETTERS AND USE BLACK INK.

A. YOUR INVESTMENT – 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 \$ _____

2. Fund Name

Dollar Amount (\$1,000 minimum per fund.)

Class of Shares

Davis New York Venture Fund	\$ _____	<input type="checkbox"/> A (425) <input type="checkbox"/> B (725) <input type="checkbox"/> C (735)
Davis Real Estate Fund	\$ _____	<input type="checkbox"/> A (429) <input type="checkbox"/> B (729) <input type="checkbox"/> C (829)
Davis Financial Fund	\$ _____	<input type="checkbox"/> A (438) <input type="checkbox"/> B (738) <input type="checkbox"/> C (838)
Davis Appreciation & Income Fund	\$ _____	<input type="checkbox"/> A (439) <input type="checkbox"/> B (739) <input type="checkbox"/> C (839)
Davis Opportunity Fund	\$ _____	<input type="checkbox"/> A (720) <input type="checkbox"/> B (420) <input type="checkbox"/> C (822)
Davis Government Bond Fund	\$ _____	<input type="checkbox"/> A (721) <input type="checkbox"/> B (421) <input type="checkbox"/> C (821)
Davis Government Money Market Fund	\$ _____	<input type="checkbox"/> A (427) <input type="checkbox"/> B (727) <input type="checkbox"/> C (737)
Davis Global Fund	\$ _____	<input type="checkbox"/> A (1820) <input type="checkbox"/> B (1821) <input type="checkbox"/> C (1822)
Davis International Fund	\$ _____	<input type="checkbox"/> A (2250) <input type="checkbox"/> B (2251) <input type="checkbox"/> C (2252)

B. ACCOUNT REGISTRATION – Please type or print clearly

Owner's Name (First, MI, Last)

U.S. Citizen Resident Alien

Owner's Social Security Number

Owner's Birth Date

Residential Street Address (Please see Section D for Account Mailing Address)

Suite/Apartment

City

State

Zip Code

+ 4

Daytime Telephone Number

Electronic Delivery. If you wish to receive Prospectuses and Annual Reports electronically, please provide your email address below:

I consent to the electronic delivery of Prospectuses and Annual Reports. I understand when these documents are available, I will receive an email notification that will contain a link to the Fund's website, where I will be able to view or download the updated document. This consent will remain in effect until revoked by me.

C. TYPE OF IRA

Please check the appropriate box next to the type of plan you are opening, then follow the instructions in the corresponding A or B section.

- Traditional IRA
- IRA Rollover (See B)
- SEP-IRA
- SIMPLE IRA
- Roth IRA

Conversion

Conversion of existing Davis Traditional IRA to a Davis Roth IRA.
Current Davis Traditional IRA Account Number(s): _____
Amount Converted: All Part \$ _____

Please note: Roth conversions are subject to federal income tax withholding, at a rate of 10% unless you indicate otherwise here.

- Do not withhold taxes. I understand that I am responsible for any federal or state taxes on my distribution/conversion.
- Please withhold _____% from my distribution/conversion.

- A. IRA Transfer:** To transfer your IRA assets from another institution, please complete the enclosed Transfer of Assets/Direct Rollover Form.
- B. Direct Rollover from an Employer's Plan:** To directly roll over assets from an employer-sponsored retirement plan (such as 401(k), 403(b), or pension plan), 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 rollover request.
 2. Please complete enclosed Transfer of Assets/Direct Rollover Form.

D. MAILING ADDRESS – Complete this section only if your mailing address is different from your residential street address.

If your mailing address is different from the residential address, please provide a mailing address. All correspondence for this account will be mailed to this address. (You may use a P.O. Box as a mailing address.)

_____ Suite/Apartment

Mailing Address _____

City _____

_____ + 4

State Zip Code

E. DEALER INFORMATION – When opening an account through a dealer, please have them complete this section.

Dealer Name (As it appears on the Selling Agreement) – Please avoid abbreviations

 Address of the Home Office

 Branch Street Address

 City State Zip Code

 City State Zip Code

 Registered Representative's Name

 Registered Representative's Number

 Branch Number

 Registered Representative's Telephone Number

F. AUTOMATIC INVESTMENT PROGRAM (AIP) – Also complete Section G, Banking Instructions.

Please complete this section if you wish to enroll in the Automatic Investment Program. Please also complete Section G, Banking Instructions. Each draft amount must be greater than \$25.00. If no draft date is indicated, the 15th of the month will be chosen for you. Please allow at least ten business days before your first draft date.

Draft One

On the _____ day of the month, please DRAFT \$ _____, _____ from my bank account.

INVEST into Fund Number _____ and Account Number _____

Draft Two

On the _____ day of the month, please DRAFT \$ _____, _____ from my bank account.

INVEST into Fund Number _____ and Account Number _____

G. BANKING INSTRUCTIONS

Complete this section to add banking information to your account.

Bank Name		()	-		Bank Phone Number			
Bank Account Number		Routing/ABA Number of Bank*							

Please tape a voided check here

** ACH Routing Number IMPORTANT NOTE:
Many financial institutions use a different account number than the one that appears on your check. Please contact your local office to obtain the proper account numbers for processing an Electronic Funds Transfer (EFT) transaction. You may need to explain that you are asking for the routing number in order to have funds drafted from your account electronically.*

H. REDUCED SALES CHARGE – Complete this section if you qualify for a reduced sales charge. Please see the Prospectus for terms and conditions.

Letter of Intent

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
 \$500,000
 \$1,000,000 or more
 \$250,000
 \$750,000

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: _____

Right of Accumulation

If you already own Class A, Class B, or Class C shares of other Davis Funds, you may already be eligible for reduced sales charges on Class A share purchases. If you provide us with one of your account numbers in the space provided below, we will automatically calculate the reduced sales charge for you (if you are eligible).

Account No. _____

I. MODIFY YOUR AUTOMATIC TELEPHONE PRIVILEGES

I acknowledge that my account(s) will be subject to telephone and Internet privileges described in the Fund's current prospectus and agree that the Fund, its Distributor and Transfer Agent will not be liable for any loss in acting on telephone or Internet instructions reasonably believed to be authentic. Please indicate below if you do not want to have telephone and Internet privileges.

I do **not** want telephone and Internet privileges.

J. DESIGNATE YOUR IRA BENEFICIARIES

Name	Birth Date	Relationship	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

K. CERTIFICATIONS AND SIGNATURES

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.**

Depositor has received and read the applicable sections of the "State Street Bank and Trust Company Universal Individual Retirement Account Disclosure Statement" relating to this Account (including the Custodian's fee schedule), and the Custodial Account document. Depositor acknowledges receipt of the Universal Individual Retirement Custodial Account document and Universal IRA Disclosure Statement at least 7 days before the date inscribed below and acknowledges that Depositor has no further right of revocation.

If the account owner 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.

Signature of Shareholder

Date

Custodian Acceptance. State Street Bank and Trust Company 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 State Street Bank and Trust Company's acceptance of appointment as Custodian of the Depositor's Account.