



Davis Funds 403(b) Plan Account Salary Reduction Agreement

Before completing this form, check with your employer to see if there is a specific salary reduction form you should use. If not, use this form to indicate your salary reduction instructions.

Complete this form and return it to your employer to have money deducted from your paycheck and invested into your retirement account.

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

A. PROVIDE SALARY REDUCTION INFORMATION

Today's Date (Month, Day, Year)

Employee's Name

Employee's U.S. Social Security Number

Employer's Name

The employee and employer agree as follows:

The Weekly Biweekly Semimonthly Monthly salary of the will be reduced by \$ _____ or _____ %
Amount Percentage

The amount of this reduction will be paid to David Funds for deposit to the employee's retirement account. This amount will be invested in accordance with the plan and custody agreement, if applicable, and as designated by the employee. The amount elected is subject to any applicable limitations under the Internal Revenue Code.

B. INDICATE THE DATE SALARY REDUCTIONS BEGIN

Fill in the date you want your salary reduction contributions to begin. The date entered here must be after the date entered in Part A.

Start Date (Month, Day, Year)

I understand that my salary reduction contributions will start as soon as permitted under the retirement plan indicated in Part a and as soon as administratively feasible.

C. UNDERSTAND THE DURATION OF YOUR ELECTION

This salary reduction agreement replaces any earlier agreement and will remain in effect:

- As long as I remain an eligible employee under the retirement plan indicated in Part A, or
- Until I provide my employer with a request to end my salary reduction contributions, or
- Until I provide my employer with a new salary reduction agreement as permitted under the retirement plan indicated in Part A.

D. SIGN YOUR NAME

Send to your payroll office. Do not send this form to Davis Funds.

I hereby authorize the salary reduction described in Part A of this form.

Employee's Signature