



# Davis Funds 403(b) Plan Custodial Account Adoption Agreement

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 Shareholder 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.

I, the person signing this Adoption Agreement (hereinafter called the "Employee"), establish a 403(b)(7) Account (the "Account") with State Street Bank and Trust Company as custodian. I agree to the terms of my Account, which are contained in the document entitled "State Street Bank and Trust Company 403(b) Account Adoption Agreement." My Account will be effective upon acceptance by State Street Bank and Trust Company.

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

**A. YOUR INVESTMENT – Please complete this section.**

If you do not indicate the share class, Class A shares will be purchased. If no fund is selected, Davis Government Money Market Class A Shares will be purchased. Must meet \$1,000 per fund minimum within 12 months.

Fund Name	Dollar Amount	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)

**B. ACCOUNT REGISTRATION – Please type or print clearly**

Owner's Name (First, MI, Last) \_\_\_\_\_  
 U.S. Citizen    Resident Alien  
Owner's Social Security Number (Required) (Will be used for tax reporting purposes) \_\_\_\_\_   Owner's Birth Date (Required) \_\_\_\_\_  
Residential Street Address (Please see Section D for Account Mailing Address) \_\_\_\_\_   Suite/Apartment \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ + 4 \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_

**C. EMPLOYER INFORMATION**

Company Name (Print Full Name) \_\_\_\_\_  
Business Address \_\_\_\_\_   Suite \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ + 4 \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**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.)

Mailing Address				Suite/Apartment	
City					
State		Zip Code		+ 4	

**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. 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. \_\_\_\_\_

**G. 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.

**H. DESIGNATE YOUR 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 \_\_\_\_\_

## I. DESIGNATE TYPE OF 403(B)(7) ACCOUNT

Check here if this is a new 403(b)(7) account established with Davis Funds.

Check here if this is a transfer from another 403(b)(7) custodial account or other tax-sheltered annuity. Please complete a Transfer of Assets form.

Amount transferred: \$ \_\_\_\_\_

The current custodian or trustee should make check payable to "Davis Funds."

## J. 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.** If I am affiliated with, or work for, a NASD member firm, I will attach information concerning my employment. This application shall apply to any Davis Funds account I establish at any later date unless specifically changed in writing.

Depositor has received and read the applicable sections of the "State Street Bank and Trust Company 403(b) Account Agreement" relating to this Account (including the Custodian's fee schedule). Depositor acknowledges receipt of the 403(b) Account Agreement at least 7 days before the date inscribed below and acknowledges that Depositor has no further right of revocation.

\_\_\_\_\_  
Signature of Shareholder

\_\_\_\_\_  
Date

By signing above, I certify that I am a U.S. citizen or resident alien with a certified taxpayer I.D. Funds not available for purchase by non-resident alien.

**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.

### Eligibility

A 403(b) account is a special, tax-advantage savings vehicle available only to employees of non-profit tax-exempt organizations (under Section 501(c)(3) of the Internal Revenue Code) such as charitable, educational, scientific and religious organizations.

### How to Make Contributions

You contribute to your 403(b) account through a salary reduction agreement with your employer. This specifies the amount you want to contribute. Your compensation will be reduced by this amount, which is contributed by your employer to your 403(b) account. Salary reduction contributions to a 403(b) account, within the tax law limits, reduce your pay for federal income tax purposes. **No employer contributions other than contributions from a salary reduction agreement are permitted.** You may use the salary reduction agreement included with your Davis Funds 403(b) application. Please note that new IRS rules allow you to change your salary reduction agreement as often as you wish (subject to limits imposed by your employer's personnel or payroll department), as long as the change relates only to compensation earned after you make the change.

### Maximum Contributions

Determining your maximum 403(b) contribution is complex because several different tax law limits apply depending on your individual situation. For most individuals, the maximum salary reduction contribution for a calendar year is the smaller of 25% of compensation or \$13,000 for 2004. For complete information of contribution limits please consult IRS publication 571.

### Excess Contributions

If you exceed the contribution limits for a year, you should withdraw the excess with earnings. You should request the withdrawal no later than April 15 of the following year in which the excess deferral occurred.

### Withdrawals

You choose when to make withdrawals from your 403(b) account. However, withdrawals may not begin until you have retired or terminated employment with your employer, reach 59 ½ (even though you are still employed by your employer), or died. Earlier withdrawals are permitted only if you become disabled, or suffer a financial hardship (as defined by IRS regulations). Individuals must commence required minimum distributions by April 1, following the calendar year after you reach 70 ½ or retire from your employer, whichever is later.

### Death

Upon your death, your account balances go to the beneficiary(ies) you designate. If you do not designate a beneficiary or if no designated beneficiary survives you, your account balance will go to your estate.

### Taxes

Generally, amounts withdrawn from your account are subjected to a mandatory 20% withholding as a prepayment of taxes. In addition, with limited exceptions, amounts withdrawn before age 59 ½ are subject to an additional 10% penalty tax.

### Rollovers

You can defer income taxes on withdrawals from your 403(b) account if you make either a "direct rollover" or a "regular rollover" of all or part of the withdrawal into another 403(b) account or annuity or into an IRA. Most withdrawals from your 403(b) account are now eligible for rollover. The main exceptions are RMDs, series of substantially equal periodic payments, corrective distributions, and hardship.

This material is general and is provided for informative purposes only. More information is available in the IRS Publication 571. This publication is available from the IRS. Always consult your tax advisor for advice on how the tax laws apply to you.