

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, or to request a retirement account application, 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.**

2. Fund Name

- Davis New York Venture Fund
- Davis Real Estate Fund
- Davis Financial Fund
- Davis Appreciation & Income Fund
- Davis Opportunity Fund
- Davis Government Bond Fund
- Davis Government Money Market Fund
- Davis Global Fund
- Davis International Fund

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

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Class of Shares

<input type="checkbox"/> A (425)	<input type="checkbox"/> B (725)	<input type="checkbox"/> C (735)
<input type="checkbox"/> A (429)	<input type="checkbox"/> B (729)	<input type="checkbox"/> C (829)
<input type="checkbox"/> A (438)	<input type="checkbox"/> B (738)	<input type="checkbox"/> C (838)
<input type="checkbox"/> A (439)	<input type="checkbox"/> B (739)	<input type="checkbox"/> C (839)
<input type="checkbox"/> A (720)	<input type="checkbox"/> B (420)	<input type="checkbox"/> C (822)
<input type="checkbox"/> A (721)	<input type="checkbox"/> B (421)	<input type="checkbox"/> C (821)
<input type="checkbox"/> A (427)	<input type="checkbox"/> B (727)	<input type="checkbox"/> C (737)
<input type="checkbox"/> A (1820)	<input type="checkbox"/> B (1821)	<input type="checkbox"/> C (1822)
<input type="checkbox"/> A (2250)	<input type="checkbox"/> B (2251)	<input type="checkbox"/> C (2252)

B. SPECIFY YOUR ACCOUNT TYPE

(Check only one.)

- Single or Joint Account (See 1)
 Custodial Account/Gift to Minors (See 2)
 Trust, Corporation, Business or Other (See 3)
 Transfer on Death (TOD) (Please complete 1 and 4)
Only available on single or joint accounts

1. Single or Joint Account. Joint ownership means “joint tenants with rights of survivorship” and not “tenants in common,” unless you specify otherwise.

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 C for Account Mailing Address)

Suite/Apartment

City

_____ (_____) _____ - _____

State

Zip Code

+ 4

Daytime Telephone Number

Joint Owner's Name (First, MI, Last)

_____ U.S. Citizen Resident Alien _____

Joint Owner's Social Security Number

Joint Owner's Birth Date

Residential Street Address (Required if different from owner's address above)

Suite/Apartment

City

_____ (_____) _____ - _____

State

Zip Code

+ 4

Daytime Telephone Number

B. SPECIFY YOUR ACCOUNT TYPE – *Continued*

2. Custodial Account/Gifts to Minors. The custodian, by signing this account application, agrees that the minor will be compensated for all shares redeemed from this account.

Custodian's Name (First, MI, Last)

U.S. Citizen Resident Alien

Custodian's Social Security Number

Custodian's Birth Date

Residential Street Address (*Please see Section C for Account Mailing Address*)

Suite/Apartment

City

_____ (_____) _____ - _____

State

Zip Code

+ 4

Daytime Telephone Number

Minor's Name (First, MI, Last)

U.S. Citizen Resident Alien

Minor's Social Security Number

Minor's Birth Date

Residential Street Address

Suite/Apartment

City

State

Zip Code

+ 4

Successor Custodian's Name (First, MI, Last)

U.S. Citizen Resident Alien

Successor Custodian's Social Security Number

Successor Custodian's Birth Date

Residential Street Address (*Please see Section C for Account Mailing Address*)

Suite/Apartment

City

_____ (_____) _____ - _____

State

Zip Code

+ 4

Daytime Telephone Number

B. SPECIFY YOUR ACCOUNT TYPE – Continued

3. Trust, Corporation, Business, or Other. (Please provide first and last page of Trust documents, Corporate Resolution, Articles of Incorporation, Partnership Agreement, or Government Issued Business License.)

[Redacted]

Trust/Corporate Name

[Redacted] – [Redacted]

Trust Date (Month, Day, Year)

Tax ID Number

[Redacted]

Principal Place of Business or Local Office Address (Please see Section C for Account Mailing Address)

Suite/Apartment

[Redacted]

City

[Redacted]

State

Zip Code

+ 4

[Redacted]

Trustee or Name of Person(s) with Control or Authority over Account (Authorized Person)

[Redacted] U.S. Citizen Resident Alien [Redacted]

Trustee or Authorized Person's Social Security Number

Trustee or Authorized Person's Birth Date

[Redacted]

Residential Street Address

Suite/Apartment

[Redacted]

City

[Redacted] ([Redacted]) [Redacted] - [Redacted]

State

Zip Code

+ 4

Daytime Telephone Number

[Redacted]

Trustee or Name of Person(s) with Control or Authority over Account (Authorized Person)

[Redacted] U.S. Citizen Resident Alien [Redacted]

Trustee or Authorized Person's Social Security Number

Trustee or Authorized Person's Birth Date

[Redacted]

Residential Street Address

Suite/Apartment

[Redacted]

City

[Redacted] ([Redacted]) [Redacted] - [Redacted]

State

Zip Code

+ 4

Daytime Telephone Number

4. Transfer on Death Accounts. (Please provide beneficiaries below; attach separate sheet if necessary.) Please contact Shareholder Services for specific questions regarding Transfer on Death Accounts. This registration type is not available for UTMA/UGMA or Trust/Corporate Accounts.

[Redacted]

1. Beneficiary Name (First, MI, Last)

[Redacted]

2. Beneficiary Name (First, MI, Last)

[Redacted]

3. Beneficiary Name (First, MI, Last)

[Redacted]

4. Beneficiary Name (First, MI, Last)

C. 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
_____	_____	_____

D. 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

E. 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 \$750,000
 \$250,000 \$1,000,000 or more

Rights 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. _____

- 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: _____

F. DISTRIBUTION OPTIONS – If no box is checked, all distributions will be reinvested.

Dividends

- Pay dividends by check to the address of record.
- Invest dividends in a different Davis Fund.
Fund (same class): _____
Account: _____
- Send dividends to my bank by way of Automated Clearing House (ACH). (Please complete Section J.)

Capital Gains

- Pay capital gains by check to the address of record.
- Invest capital gains in a different Davis Fund.
Fund (same class): _____
Account: _____
- Send capital gains to my bank by way of Automated Clearing House (ACH). (Please complete Section J.)

K. SIGNATURE SECTION – Please have all shareholders read and endorse below.

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 agree to the terms thereof including any amendments thereto. 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, affiliates, 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 penalty of perjury, I certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or the IRS has notified me that I am no longer subject to backup withholding. The IRS does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.

If the account owner(s) 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.

Signature of Shareholder Date

Signature of Joint-Shareholder (if applicable) 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.

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.

L. CHECK WRITING PRIVILEGE – Class A Money Market Accounts Only.

Information concerning the drafts used for the Davis Government Money Market Class A check writing privilege: 1. Your Davis Series, Inc Davis Government Money Market Fund drafts are paid from an account of Davis Series, Inc at State Street Bank and Trust Company ("State Street"). 2. In connection with this account, you will have the same rights and duties with respect to stop payment orders, "stale" drafts, unauthorized signatures, alterations, and unauthorized endorsements as bank checking account customers do under Massachusetts Uniform Commercial Code. All notice with regard to those rights and duties must be given to State Street. 3. Stop Payment instructions must be given to the Fund by contacting Investor Services at 800-279-0279. 4. The minimum amount is \$250 per check.

Check here if both signatures are required on checks. If this box is not checked, only one signature is required.

Printed Name of Authorized Person (First, Middle Initial, Last)

Printed Name of Joint Authorized Person (First, Middle Initial, Last)

Signature of Authorized Person Date

Signature of Joint-Authorized Person Date

Please re-enter the social security number(s) from Section B of this application.

____ Shareholder

____ Joint Shareholder