





**I. BANKING INSTRUCTIONS AND TELEPHONE PRIVILEGES**

**1. Banking Instructions - Please attach a voided check or encoded deposit slip below.**

(    )    -

Please indicate:  Checking - or -  Savings

Telephone Number of ACH Banking Institution

Routing Number of ACH Banking Institution

Bank Account Number

*Please tape a voided check  
or encoded deposit slip here.*

*The check or deposit slip must be imprinted with:  
The Name of ACH Banking Institution  
Name of Bank Account Owners  
Address of ACH Banking Institution  
Encoded Bank Account Number*

*Please note: Generic deposit slips, starter checks, or mutual fund/investment checks are not acceptable.*

**2. Telephone Privileges**

By completing this section, you authorize Davis Funds to debit or credit your bank account. You agree that Davis is not liable for following telephone instructions believed to be genuine. If Davis Funds does not follow reasonable procedures designed to prevent unauthorized transactions, the Fund may be liable. Please read the prospectus for more details regarding Telephone Transactions.

- Telephone Purchase Privilege** – Available on all Davis accounts.  
*I understand that the bank institution listed above must participate in the ACH banking system. There is no Davis fee for this service.*
- Telephone Redemption Privilege** – Available on non-retirement Davis accounts. **Medallion guarantee required.**  
*Authorized persons may elect to send redemption proceeds via ACH to the banking institution listed above. Proceeds are usually received within two business days. Authorized persons may also elect to send proceeds through the Federal Funds wire service. This service transmits proceeds next business day. There is a \$5.00 Davis fee for this service. I understand my banking institution listed above may also charge a wire-processing fee.*

**J. THIRD PARTY INSTRUCTIONS**

Please complete Part 1 to send statements to a third party, someone other than the account owners or the registered representative. You may complete Part 2 to send automatic withdrawals (Section H) or distributions (Section E) from your Davis Fund to an address other than the address of record.

**1. Please mail an additional statement to:**

\_\_\_\_\_  
Name of Third Party

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

**The option below requires a medallion guarantee. (Please read Section K)**  
**2. Please send proceeds from my redemptions to:**

\_\_\_\_\_  
Name of Third Party or Special Payee

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

- Please check this box if you wish to authorize the person listed in Part 1 to act on your behalf for telephone transactions only. This option requires all shareholders have their signatures medallion guaranteed.** (Please read Section K)

**K. SIGNATURE(S) – ALL SHAREHOLDERS MUST COMPLETE THIS SECTION**

All shareholders listed on the current account registration must complete this section. By signing this Account Service Form, I certify that: 1) I understand that it is my responsibility to read the current prospectus for the Davis Fund in which I choose to invest; 2) I am of legal age; 3) I allow Davis Funds to accept any instructions, including telephone and automated services given on this account; I agree to release Davis Funds, State Street Bank & Trust, the transfer agent, their affiliates and agents from all liability and will indemnify them for any losses, damages or costs (including reasonable attorney's fees) or expenses for acting upon instructions if they follow reasonable procedures designed to prevent unauthorized transactions; 4) If a trustee, executor, administrator, guardian, committee, custodian, agent or attorney makes the endorsement in fact, the endorser must sign his or her capacity following the signature. A copy of the Proof of Capacity must be certified within 60 days of the receipt date and be included with this form. Please call our customer service department for details regarding Proof of Capacity and certification requirements; 5) I understand that some privileges require a medallion guarantee and will not be executed until all shareholders have their original signatures medallion guaranteed by an eligible guarantor. Please review the medallion guarantee information below for more details before signing this Account Service Form.

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

Signature of Joint Shareholder (if any) \_\_\_\_\_ Date \_\_\_\_\_

*Place Medallion Gurarantee Here*

*Place Medallion Gurarantee Here*

Eligible guarantors include federally insured financial institutions, registered broker-dealers, or participants in a recognized medallion guarantee program. Please verify with the institution that it is an eligible guarantor prior to signing. Authorization of signatures by a notary public cannot be accepted in lieu of a medallion guarantee. Please review all completed sections of this Account Service Form for medallion guarantee requirements. If you have any questions regarding the medallion guarantee programs, please contact our Inverstor Services department at 1-800-279-0279.

**L. CHECK WRITING PRIVILEGE-MONEY MARKET CLASS A, NON-RETIREMENT ACCOUNTS ONLY**

Please read the information below regarding the drafts used for the Davis Government Money Market Class A check writing privilege: 1) The Davis Series, Inc. Davis Government Money Market Fund drafts are paid from an account for 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 the 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 State Street, by calling the service telephone number for Davis Series Customers at 1-617-847-8543; 4) The minimum amount per check is \$100; 5) Please read the prospectus for more details regarding the check writing privilege.

**Check here if both signatures are required on checks. If not checked, only one signature is required to cash the checks.**

Printed Name of Shareowner (First, Middle Initial, Last) \_\_\_\_\_

Printed Name of Joint Shareowner (First, Middle Initial, Last) \_\_\_\_\_

Signature of Shareowner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Shareowner \_\_\_\_\_ Date \_\_\_\_\_

**Please re-enter the Social Security Number or Tax ID Number from Section A:**

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**Please return this form to:**  
 State Street Bank & Trust Co.  
 C/O Davis Funds  
 P.O. Box 8406  
 Boston, MA 02266-8406

**For overnight delivery:**  
 State Street Bank & Trust Co  
 C/O Davis Funds  
 30 Dan Road  
 Canton, MA 02021