



# IRA Application

## 800-432-2504

Please return this application to Clipper Fund, P.O. Box 55468, Boston, MA 02205-5468. For overnight mail: Clipper Fund, 30 Dan Road, Canton, MA 02021-2809. For assistance, please call Investor Services at 800-432-2504. This application can also be downloaded from our website, clipperfund.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. INVESTMENT ACCOUNT

Total Dollars Invested \$ \_\_\_\_\_ . \$4,000 minimum initial investment. Fund Number 126.

**THE FUND DOES NOT ACCEPT CASH, CREDIT CARDS, MONEY ORDERS, STARTER, COUNTER, TRAVELERS, OR THIRD PARTY CHECKS.**

Contribution for tax year \_\_\_\_\_.  Transfer of Assets.  Approximate transfer amount \$ \_\_\_\_\_.

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

Owner's Name (Print Full Name) (First, MI, Last)

Residential or Business Address

Suite/Apartment

City

State

Zip Code

+ 4

Daytime Telephone Number

Mailing Address (Required if different from above)

Suite/Apartment

City

State

Zip Code

+ 4

U.S. Citizen

Resident Alien

Owner's Social Security Number

Owner's Birth Date (Month, Day, Year)

### 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** (A copy of 5305-SEP document is required.)

**Roth IRA**

**Conversion**

Conversion of existing Clipper Traditional IRA to a Clipper Roth IRA.

Current Clipper 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. AUTOMATIC INVESTMENT PROGRAM (AIP) – Minimum amount is \$100 per month**

This service lets you invest *automatically* from your bank account to your Clipper Fund account. Automatic Investment Plans normally become active 20 business days after your application is processed. *The minimum initial investment is not waived by setting up this feature.* To establish this feature, complete the information below. **Also complete section E, Banking Instructions.**

My investment will begin in the month of \_\_\_\_\_ and occur on the \_\_\_\_\_ day.

Dollar amount \$ \_\_\_\_\_.

**E. 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.*

**F. DEALER INFORMATION – For Dealers holding a current selling agreement with Clipper Fund. \*Fee based Financial Advisors, please complete Section G.**

\_\_\_\_\_  
**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

**G. THIRD PARTY INSTRUCTIONS – Optional**

Please complete this section if you wish to send statements to a third party.

Please check this box if you wish to authorize the person listed below to act on your behalf for telephone transactions only.

**Please mail an additional statement to:**

\_\_\_\_\_  
Name of Interested Party

\_\_\_\_\_  
Address

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

**H. 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.

**I. 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

**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 ("Clipper Fund") 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.

\_\_\_\_\_  
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.

Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

No  Yes (If "yes," you must attach a letter from your employer approving the establishment of your account when submitting this application.)

**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.