



**CLIPPER
FUNDSM**

Account Service Form

800-432-2504

Please return this service form to Clipper Fund, P.O. Box 55468, Boston, MA 02205-5468. For overnight mail: Clipper Fund, 30 Dan Road, Canton, MA 02021. This form can also be downloaded from our website, clipperfund.com.

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

A. ACCOUNT INFORMATION

Please indicate the Clipper Fund accounts you wish to update and return this form with a copy of the most recent account statement(s).

1 2 6

Fund Number

Account Number

Social Security Number or Tax Identification Number

1 2 6

Fund Number

Account Number

() -

Daytime Telephone Number

B. CHANGE OF ADDRESS

For security purposes, Clipper Fund does not allow any telephone redemption(s) to this new address for 30 calendar days. If shareholders wish to have redemptions sent to this new address within 30 calendar days, they must have their signature medallion guaranteed in Section I.

Line One: Mailing Address

Line Two: Mailing Address (optional)

City State Zip Code + 4

C. CHANGE OF BROKER-DEALER

- Choose one:
 - Please remove the current Broker-Dealer or registered representative.
 - Please add or change the current Broker-Dealer or registered representative. The new Broker-Dealer must have a Selling Agreement with Clipper Fund. Please have the new Broker-Dealer complete Part 2 below.

2. Please complete the full name of the Broker-Dealer as it appears on the Selling Agreement. Please avoid abbreviations.

Full name of the Broker-Dealer

Address of the Home Office

Branch Street Address

City State Zip Code

City State Zip Code

Authorized Signature of Broker-Dealer

Registered Representative's Telephone Number

Registered Representative's Name

Representative Number

D. DISTRIBUTION OPTIONS

Dividends

- Reinvest dividends in more shares of the same Clipper Fund.
- Pay dividends by check to the address of record.
- Send dividends to my bank by way of Automated Clearing House (ACH). (Please complete Section H.)

Capital Gains

- Reinvest capital gains in more shares of the same Clipper Fund.
- Pay capital gains by check to the address of record.
- Send capital gains to my bank by way of Automated Clearing House (ACH). (Please complete Section H.)

E. AUTOMATIC INVESTMENT PROGRAM (AIP) – Please also complete Section H. Minimum amount is \$200 per month.

If no draft date is indicated, the 15th of the month will be chosen for you. Please allow at least ten business days before your first draft date. For additional AIPs, please attach a separate piece of paper with the AIP information requested below.

Draft One

On the day of the month, please **DRAFT** \$, . from my bank account.

INVEST into Fund Number **1 2 6** and **Account Number** .

Draft Two

On the day of the month, please **DRAFT** \$, . from my bank account.

INVEST into Fund Number **1 2 6** and **Account Number** .

F. SYSTEMATIC WITHDRAWAL PROGRAM (SWP) – Account minimum \$25,000

I wish to withdraw (choose one): Monthly Quarterly **On the** day of the month.

Please **WITHDRAW** from Fund Number **1 2 6** and **Account Number** .

The amount (choose one):

\$, . **Fixed Dollar Amount** (minimum of \$25.00) or
 Fixed Share Amount (whole share amount only).

Please **SEND** my redemption proceeds by (choose one):

- Mail check to the address of record.
- Options below REQUIRE a medallion guarantee.** Please read Section I for details.
 - Mail check to a third party. (Please also complete Section G, 2).
 - Electronic transfer via Automatic Clearing House (ACH) to my banking instructions. (Please also complete Section H).

G. 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 F) from your Clipper 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 I)
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 I)

