

Please return this application to Selected Funds, P.O. Box 8243, Boston, MA 02266-8243. For overnight mail: Selected Funds, 30 Dan Road, Canton, MA 02021-2809. For assistance, or to request a retirement account application, please call Shareholder Services at 800-243-1575. 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.

1. Purchase Method

- Check enclosed for \$ _____ payable to Selected Funds. If no fund is selected, shares of the Daily Government Fund will be purchased.
NO THIRD PARTY CHECKS, STARTER CHECKS, TRAVELER'S CHECKS, OR MONEY ORDERS PLEASE.

2. Fund Name	Class of Shares			
	Class S (\$1,000 minimum per fund)		Class D (\$10,000 minimum per fund)	
	Fund No.	Dollar Amount	Fund No.	Dollar Amount
Selected American Shares	205	\$ _____	1023	\$ _____
Selected Special Shares	204	\$ _____	1022	\$ _____
Selected Daily Government Fund	201	\$ _____	1021	\$ _____

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 (Required) (Will be used for tax reporting purposes) _____

Owner's Birth Date (Required) _____

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 (Required) _____

Joint Owner's Birth Date (Required) _____

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.

[Redacted Name Field]

Custodian's Name (First, MI, Last)

[Redacted Name] U.S. Citizen Resident Alien [Redacted Birth Date]

Custodian's Social Security Number (Required)

Custodian's Birth Date (Required)

[Redacted Social Security Number] [Redacted Birth Date]

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

Suite/Apartment

[Redacted Street Address] [Redacted Suite/Apartment]

City

[Redacted City] ([Redacted Area Code]) [Redacted Phone Number] - [Redacted Phone Number]

State

Zip Code

+ 4

Daytime Telephone Number

[Redacted Name Field]

Minor's Name (First, MI, Last)

[Redacted Name] U.S. Citizen Resident Alien [Redacted Birth Date]

Minor's Social Security Number (Required) (Will be used for tax reporting purposes)

Minor's Birth Date (Required)

[Redacted Social Security Number] [Redacted Birth Date]

Residential Street Address

Suite/Apartment

[Redacted Street Address] [Redacted Suite/Apartment]

City

[Redacted City] [Redacted Area Code] [Redacted Phone Number]

State

Zip Code

+ 4

[Redacted Name Field]

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

[Redacted Name] U.S. Citizen Resident Alien [Redacted Birth Date]

Successor Custodian's Social Security Number (Required)

Successor Custodian's Birth Date (Required)

[Redacted Social Security Number] [Redacted Birth Date]

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

Suite/Apartment

[Redacted Street Address] [Redacted Suite/Apartment]

City

[Redacted City] ([Redacted Area Code]) [Redacted Phone Number] - [Redacted Phone Number]

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 (Required) (Will be used for tax reporting purposes)

[Redacted] [Redacted]

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

[Redacted]

City

[Redacted] [Redacted] [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] [Redacted] [Redacted]

Trustee or Authorized Person's Social Security Number (Required) Trustee or Authorized Person's Birth Date (Required)

[Redacted] [Redacted]

Residential Street Address Suite/Apartment

[Redacted]

City

[Redacted] [Redacted] [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] [Redacted] [Redacted]

Trustee or Authorized Person's Social Security Number (Required) Trustee or Authorized Person's Birth Date (Required)

[Redacted] [Redacted]

Residential Street Address Suite/Apartment

[Redacted]

City

[Redacted] [Redacted] [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. 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 Selected Fund.
Fund: _____
Account: _____
- Send dividends to my bank by way of Automated Clearing House (ACH).
(Please complete Section I.)

Capital Gains

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

F. MODIFY YOUR AUTOMATIC TELEPHONE AND INTERNET 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.

G. AUTOMATIC INVESTMENT PROGRAM (AIP) – Optional. Also complete Section I, Banking Instructions.

Please complete this section if you wish to enroll in the Automatic Investment Program. **Please also complete Section I, Banking Instructions.** Each draft amount must be greater than \$25.00. 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.

Draft One

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

INVEST into Fund Number [] and **Account Number** []

Draft Two

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

INVEST into Fund Number [] and **Account Number** []

H. 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 to act on your behalf for telephone transactions only.

Please mail an additional statement to:

Name of Interested Party

Address

City State Zip Code

I. BANKING INSTRUCTIONS – Optional

PLEASE ATTACH A VOIDED CHECK.

([]) [] - [] Please indicate: Checking Savings

Bank Telephone Number

[]

[]

ABA of ACH Banking Institution*

Bank Account Number

Please check the box below if you wish to establish telephone or Internet banking privileges.

Telephone or Internet Redemption and Purchase Privilege

I authorize Selected Funds to accept telephone or internet instructions from the shareholders of record. These funds will be sent to/from the banking instructions below.

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.

