

Please use this form to change your Selected Fund account options. All shareholders must also complete Section J (Signatures) before any changes will be made; some changes will require a medallion guarantee. Please return this form to: State Street Bank & Trust Co., C/O Selected Funds, P.O. Box 8243, Boston, MA 02266-8243. For overnight delivery: State Street Bank & Trust Co., C/O Selected Funds, 30 Dan Road, Canton, MA 02021.

**A. ACCOUNT INFORMATION**

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund Number	Account Number	Social Security Number or Tax Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund Number	Account Number	Daytime Telephone Number

**B. CHANGE OF ADDRESS**

For security purposes, Selected Funds 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 signatures medallion guaranteed in Section J.

Line One: Mailing Address

Line Two: Mailing Address (optional)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Selected Funds. Please have the new Broker-Dealer complete Part 2 below.
- Please complete the full name of the Broker-Dealer 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

Branch Number

(  )  -

Authorized Signature of Broker-Dealer

Registered Representative's Telephone Number

Registered Representative's Name

Representative Number

**D. DISTRIBUTION OPTIONS**

1. **Dividends** – Choose one:

- Reinvest dividends in more shares of the same Fund.
- Pay dividends by check to the address of record.
- Invest dividends in a different Selected Fund.

Fund Name: \_\_\_\_\_

Account: \_\_\_\_\_

**Option below REQUIRES a medallion guarantee.**

- Send dividends to my bank electronically via Automated Clearing House (ACH). Please also complete Section H.

2. **Capital Gains** – Choose one:

- Reinvest capital gains in more shares of the same Fund.
- Pay capital gains by check to the address of record.
- Invest capital gains in a different Selected Fund.

Fund Name: \_\_\_\_\_

Account: \_\_\_\_\_

**Option below REQUIRES a medallion guarantee.**

- Send capital gains to my bank electronically via Automated Clearing House (ACH). Please also complete Section H.

**E. AUTOMATIC EXCHANGE PROGRAM (AEP)**

Accounts participating in the AEP must be registered identically. For additional AEPs, please attach a separate piece of paper with the AEP information requested below.

1. I wish to exchange (choose one):  Monthly -or-  Quarterly on the \_\_\_\_\_ day of the month.

2. Please EXCHANGE \$ \_\_\_\_\_, \_\_\_\_\_ (minimum exchange is \$25.00)

3. FROM Fund Number \_\_\_\_\_ and Account Number \_\_\_\_\_

4. TO Fund Number \_\_\_\_\_ and Account Number \_\_\_\_\_

**F. AUTOMATIC INVESTMENT PROGRAM (AIP)- PLEASE ALSO COMPLETE SECTION H**

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:**

1. I wish to invest (choose one):

- Monthly -or-  Quarterly.

2. Please begin my AIP (choose one):

- Upon receipt -or-  Starting in the month of: \_\_\_\_\_

3. On the \_\_\_\_\_ day of the month, DRAFT \$ \_\_\_\_\_ (minimum \$25.00) from my bank account

4 INVEST into Fund Number \_\_\_\_\_ and Account Number \_\_\_\_\_

**DRAFT TWO:**

1. I wish to invest (choose one):

- Monthly -or-  Quarterly.

2. Please begin my AIP (choose one):

- Upon receipt -or-  Starting in the month of: \_\_\_\_\_

3. On the \_\_\_\_\_ day of the month, DRAFT \$ \_\_\_\_\_ (minimum \$25.00) from my bank account

4 INVEST into Fund Number \_\_\_\_\_ and Account Number \_\_\_\_\_

**G. AUTOMATIC WITHDRAWAL PROGRAM (AWP) –ACCOUNT MINIMUM \$10,000.**

1. I wish to withdraw (choose one):  Monthly -or-  Quarterly on the \_\_\_\_\_ day of the month. If no date is indicated, the 15th will be the draft date.

2. Please begin my AWP (choose one):

- Upon receipt -or-  Starting in the month of: \_\_\_\_\_

3. Please WITHDRAW from Fund Number \_\_\_\_\_ and Account Number \_\_\_\_\_

4. The amount (choose one):

\$ \_\_\_\_\_, \_\_\_\_\_

Fixed Dollar Amount (minimum of \$25.00) -or-

\_\_\_\_\_

Fixed Share Amount (whole share amount only) -or-

\_\_\_\_\_

Annual Percentage

5. Please SEND my redemption proceeds by (choose one):

- Mail check to the address of record.

**Options below REQUIRE a medallion guarantee. Please read Section J for more details.**

- Mail check to a third party. (Please also complete Section I).
- Electronic transfer via Automatic Clearing House (ACH) to my banking instructions. (Please also complete Section H).



**J.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 Selected Fund in which I choose to invest; 2) I am of legal age; 3) I allow Selected Funds to accept any instructions, including telephone and automated services given on this account; I agree to release Selected 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*

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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 Investor Services department at 1-800-243-1575.

**K. CHECK WRITING PRIVILEGE-SELECTED DAILY GOVERNMENT FUND, NON-RETIREMENT ACCOUNTS ONLY**

Please read the information below regarding drafts used for the Selected Daily Government Fund checkwriting privilege: 1) Your Selected Daily Government Fund drafts are paid from an account at State Street Bank & 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 800-243-1575; 4) The minimum amount per check is \$250 for class S shares and \$1,000 for class D shares; 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:**  
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C/O Selected Funds  
P.O. Box 8243  
Boston, MA 02266-8243

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Canton, MA 02021