

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 please call Investor 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 – Please choose one.

- Check enclosed for \$ _____ payable to Selected Funds. **NO THIRD PARTY CHECKS, STARTER CHECKS, TRAVELER'S CHECKS, OR MONEY ORDERS PLEASE.**
- Contribution for tax year _____ . Transfer of assets Approximate transfer amount \$ _____

Class of Shares

2. Fund Name	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	\$ _____

*See Disclosure Statement for IRA contribution maximums.

B. ACCOUNT REGISTRATION – Please type or print clearly

Owner's Name (First, MI, Last) _____

U.S. Citizen Resident Alien

Owner's Social Security Number _____ Owner's Birth Date _____

Residential Street Address (Please see Section D for Account Mailing Address) _____ Suite/Apartment _____

City _____

State _____ Zip Code _____ + 4 Daytime Telephone Number _____

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
- SIMPLE IRA
- Roth IRA
 - Conversion

Conversion of existing Selected Traditional IRA to a Selected Roth IRA.
 Current Selected Traditional IRA Account Number(s): _____
 Amount Converted: All Part \$ _____

- 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.

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.

D. 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

I. 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.

J. 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

K. 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 ("Selected Funds") 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.

If the account owner is affiliated with, or employed by, a stock exchange, member firm of an exchange or FINRA or a municipal securities broker-dealer, it will be your responsibility to inform your employer of the establishment of this account.

Signature of Shareholder

Date

By signing here, 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.

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.