



Account Service Form

When complete please return to **Clipper Fund, P.O. Box 55468, Boston, MA 02205- 5468**. For overnight mail: **Clipper Fund, 30 Dan Rd, Canton, MA 02021-2809**. For assistance please call **Investor Services at 1-800-432-2504**. Funds are available for purchase by U.S. Citizens or resident aliens only.

TO ENSURE PROPER PROCESSING, PLEASE PRINT CLEARLY IN CAPITAL LETTERS USING BLACK INK

INSTRUCTIONS

Use this form to update your account options. All shareholders must sign in section J before changes can be made. **Some changes will require all shareholder signatures be certified with a 2000/Medallion Guarantee Stamp.** You can obtain a 2000/Medallion Guarantee Stamp from most banks, brokerage firms, or other financial institutions. If a request requires a 2000/Medallion Guarantee Stamp, it will not be valid if this stamp is missing or illegible. No other forms of signature verification will be accepted.

A. ACCOUNT INFORMATION

Please indicate the Clipper Fund accounts you wish to update.

Account Number _____ Social Security Number or Tax Identification Number _____

Account Number _____ Daytime Telephone Number _____

B. CHANGE OF ADDRESS

For security purposes, the Clipper Fund does not allow any redemptions via check to this new address within 30 days of the update. **If you wish to have a check sent prior to the 30 day deadline, all shareholder signatures must be certified with a 2000/Medallion Guarantee Stamp.**

1. Residential Street Address: _____ Suite/Apartment _____
(Required-No PO Box) (Please complete number 2 if you wish your account correspondence to go to an address other than your residential address.)

City _____ State _____ Zip Code _____

2. Mailing Address: _____ Suite/Apartment _____
(Optional) (You may use a P.O. Box as a mailing address)

City _____ State _____ Zip Code _____

C. ELECTRONIC DELIVERY OF REGULATORY MAILINGS

By completing this section I/we authorize the Clipper Fund, when permitted by law, to send me/us statements and other important documents electronically (e.g. prospectus, tax forms). This consent will remain in effect until revoked by me/us via phone, writing or email.

Email Address _____

D. CHANGE OF BROKER-DEALER

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

Please remove the current Broker-Dealer or registered representative.

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

Dealer Name _____

Investment Representative's Name _____ Representative's Number _____ Branch Number _____

Branch Street Address _____

City _____ State _____ Zip Code _____ Representative's Telephone Number _____

E. DISTRIBUTION OPTIONS - Non-Retirement Accounts Only

Please complete this section and section I, Banking Instructions, to send distributions via ACH to your bank account. **The ACH option requires all shareholder signatures be certified with a 2000/Medallion Guarantee Stamp.**

1. Dividends – Choose One

- Reinvest dividends in more shares of the same fund
- Pay dividends by check to the address of record
- Send dividends to my bank by way of Automated Clearing House (ACH)

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
- Send capital gains to my bank by way of Automated Clearing House (ACH)

F. AUTOMATIC INVESTMENT PROGRAM (AIP)

Please complete this section and section I, Banking Instructions, to add this option. Transactions will occur on the 15th of the month unless otherwise specified below. Each draft must be at least \$25.

1. Invest into:

_____ Account Number

2. In the amount of:

\$ _____ Fixed dollar amount

3. Start making investments:

Upon receipt of this request or Beginning in the month of _____

4. Frequency of investments:

All Months or Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

5. Choose a day of the month:

Important Notes for Retirement Accounts: Contributions can be credited for the prior year until April 15, only upon request. It is your responsibility to ensure that investments are coded properly and do not exceed your annual contribution limits. If you over contribute, the IRS may charge you a penalty. AIPs cannot be set up on SIMPLE or 403B Retirement Accounts.

G. SYSTEMATIC WITHDRAWAL PROGRAM (SWP) - Non-Retirement Accounts Only

Please complete this section and section I, Banking Instructions, to add this option. **The ACH option requires all shareholder signatures be certified with a 2000/Medallion Guarantee Stamp.** Transactions will occur on the 25th of the month unless otherwise specified below.

1. Withdraw from:

_____ Account Number

2. In the amount of:

\$ _____ or _____ or _____ %
Fixed dollar amount Fixed share amount Annual percentage

3. Start making withdrawals:

Upon receipt of this request or Beginning in the month of _____

4. Frequency of withdrawals:

All Months or Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

5. Choose a day of the month:

6. Delivery method:

- Mail check to the address of record.
- Send proceeds to my bank by way of Automated Clearing House (ACH).

H. THIRD PARTY INSTRUCTIONS

Please complete this section if you wish to send statements to a third party or authorize a third party to transact on your behalf.

Options available to third party:

- Receive quarterly statements at the below address.
- Conduct telephone transactions on my behalf – **This option requires all shareholder signatures be certified with a 2000/Medallion Guarantee Stamp.**

Name of Party

Address

City

State

Zip Code

I. BANKING INSTRUCTIONS

Please complete this section if you wish to transfer funds electronically to and from your bank. **Any redemption option requires all shareholder signatures be certified with a 2000/Medallion Guarantee Stamp.**

Bank Account Registration

Name of Banking Institution

Telephone Number of Banking Institution

ACH Routing Number

Bank Account Number

WIRE Routing Number (If different than ACH routing number)

Please Indicate: Checking Savings

Please tape a voided check here.

**The Check must be imprinted with:
The name of the Banking Institution
Name of Bank Account Owners
Address of Banking Institution
Encoded Bank Account Number**

**Please Note: Starter checks or mutual fund/investment checks are not acceptable.
If you do not have a personalized check please call Investor Services.**

