



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

<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1 2 6</div> Fund Number	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Account Number	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Social Security Number or Tax Identification Number
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">1 2 6</div> Fund Number	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Account Number	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Daytime Telephone Number

B. ELECTRONIC DELIVERY

Electronic Delivery. If you wish to receive Prospectuses and Annual Reports electronically, please provide your email address below:

I consent to the electronic delivery of Prospectuses and Annual Reports. I understand when these documents are available, I will receive an email notification that will contain a link to the Fund's website, where I will be able to view or download the updated document. This consent will remain in effect until revoked by me.

C. 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 signatures medallion guaranteed in Section J.

Line One: Mailing Address

Line Two: Mailing Address (optional)

City	State	Zip Code	+4

D. CHANGE OF BROKER-DEALER

- Choose one:
 - 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.
 - Please remove the current Broker-Dealer or registered representative.
- 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	City
State	State
Zip Code	Zip Code
Authorized Signature of Broker-Dealer	Registered Representative's Telephone Number
Registered Representative's Name	Representative Number

