

Account Service Form



**CLIPPER
FUNDSM**

When complete please return to **Clipper Fund, PO Box 219167, Kansas City, MO 64121-9167.**
For overnight mail: **Clipper Fund, 801 Pennsylvania Ave, Suite 219167, Kansas City, MO 64105-1307.**
For assistance please call **Investor Services at 1-800-432-2504.**

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 accounts you wish to update.

Name of Shareholder/Custodian/Trustee/Entity		Social Security Number/Tax Identification Number		Date of Birth
Name of Joint Shareholder/Minor/Co-Trustee/Authorized Party		Social Security Number/Tax Identification Number		Date of Birth
Daytime Telephone Number	Email Address			
Fund Number	Account Number	Fund Number	Account Number	

B. CHANGE OF ADDRESS

For security purposes, 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 (Required—No P.O. Box) Please complete number 2 if you wish your account correspondence to go to an address other than your residential address.			Suite/Apartment
City	State	Zip Code	
2. Mailing Address (Optional) You may use a P.O. Box as a mailing address.			Suite/Apartment
City	State	Zip Code	

C. ELECTRONIC DELIVERY OF REGULATORY MAILINGS

To authorize Clipper Fund, when permitted by law, to send statements and other important documents electronically (e.g. prospectus, quarterly statements, tax forms) please establish online account access and review the Edelivery Consent section of your online account. Your Edelivery elections can be changed at any time by returning to this section of your online account.

D. 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)

E. AUTOMATIC INVESTMENT PROGRAM (AIP)

Please complete this section if you wish to add, update, or remove an Automatic Investment Program (AIP). Please complete section I, Banking Instructions, to add this option or to update the banking instructions on an existing AIP. Transactions will occur on the 15th of the month unless otherwise specified below. Each draft must be at least \$25. Any existing systematic agreements will automatically be removed and replaced with the instructions below, unless otherwise indicated.

Select one of the following: ☐ Add New ☐ Update Existing ☐ Remove Existing

1. Invest into:

Fund Number

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.

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

Please complete this section if you wish to add, update, or remove a Systematic Withdrawal Program (SWP). Please complete section I, Banking Instructions, to have redemption proceeds sent to your bank account on a new or existing SWP. **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. Any existing systematic agreements will automatically be removed and replaced with the instructions below, unless otherwise indicated.

Select one of the following: ☐ Add New ☐ Update Existing ☐ Remove Existing

1. Withdraw from:

(Fund Number or Fund Name) and Share Class

2. In the amount of:

\$ _____ \$ _____ %
Fixed Dollar Amount Fixed Share Amount Annual Percentage

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:

6. Delivery method:

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

G. THIRD PARTY INSTRUCTIONS—Optional

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

☐ Receive quarterly statements at the address below.

☐ Conduct telephone transactions on my behalf.—**This option requires all shareholders be certified with a 2000/Medallion Guarantee Stamp.**

Name of Party

Address

City

State

Zip Code

Email Address

Social Security Number*

Date of Birth*

☐ U.S. Citizen*

☐ Resident Alien*

*Social security number, date of birth, U.S. citizenship/resident alien status are only required if a third party is conducting telephone transactions on your behalf.

H. TRUSTED CONTACT—Optional

To designate a Trusted Contact Person (TCP) for your Clipper Fund account(s), please complete this section. Adding a Trusted Contact provides us with a resource to contact on your behalf, if necessary.

- Naming a Trusted Contact is optional.
- The Trusted Contact must be at least 18 years old.
- TCP will be contacted if we suspect financial exploitation; to confirm your contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney.
- The Trusted Contact will not be able to execute transactions, inquire about account activity, or be able to view your account information.
- We suggest that your Trusted Contact not be already authorized to transact business on your account(s) or already able to receive information about your account(s)-e.g., financial consultant, financial professor, or by virtue of Power of Attorney or View Only authority.
- Only you as the account holder have the ability to add, update, or remove a Trusted Contact for your account(s).

Trusted Contact Information for Primary Owner

Name	Relationship to Account Holder	Mobile Telephone Number
Address		Evening Telephone Number
City	State	Zip Code
Email Address		

Trusted Contact Information for Joint Owner (if applicable)

Name	Relationship to Account Holder	Mobile Telephone Number
Address		Evening Telephone Number
City	State	Zip Code
Email Address		

By designating a TCP on your account, you are authorizing, but not requiring, Clipper Fund, and/or their transfer agent to contact the TCP in our discretion to disclose information about your account: (1) to address possible financial exploitation; (2) to confirm the specifics of your current contact information, health status, or identity of any legal guardian, executor, trustee or holder of a power of attorney; (3) or as otherwise permitted by FINRA rules or state law.

If you have an advisor or financial professional, your TCP information may be made available to the advisor or financial professional, and Clipper Fund or their agents may notify the financial professional or advisor of our interactions with the TCP. You agree that Clipper Fund and their agents will not be responsible for, and cannot monitor, your advisor's or broker's use of the TCP information.

You authorize Clipper Fund to place a temporary hold on disbursements of funds or positions from your account or a temporary hold on further trades if Clipper Fund reasonably believes financial exploitation has been attempted or has occurred in your account or in other circumstances we believe are necessary for your protection. You also acknowledge that we may report any reasonable belief of financial exploitation, or in other circumstances we believe are necessary for your protection, to the applicable state securities administrator, to a state adult protective services agency, or to any law enforcement agencies.

Providing Clipper Fund with a TCP does not ensure that a third party will not financially exploit you or try to do so. You agree to indemnify and hold harmless Clipper Fund, its affiliates and their directors, officers, employees, and agents from and against all claims, actions costs, and liabilities, including attorney's fee incurred by them as a result of any claim, judgment, or proceeding arising out of or relating to Clipper Fund or their representatives contacting, or failing to contact, the TCP identified in this document.

I. BANKING INSTRUCTIONS—Optional

Please complete this section if you wish to transfer funds electronically to and from your bank account. **Note: A 2000/Medallion Guarantee Stamp is required for all shareholders to authorize the use of the bank account for redemption privileges.**

Select one: ☐ **Replace the current bank information**

☐ **Add new or additional bank information**

☐ Apply new or additional bank information to any active systematic agreements

☐ Do not apply new or additional bank information to any active systematic agreements

Note: If "Replace the current bank information" is selected and the previous bank information was used for an active automatic investment plan or systematic withdrawal plan, the bank information provided below will be applied to those systematic agreements. If no selection is indicated, ~~Selected Funds will automatically~~ replace any existing bank information with the information below.

Bank Account Owner (Please print names on bank account)

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.*

J. SIGNATURES

This section must be signed by all shareholders.

By signing this application form I certify that:

- I/We are of legal age and capacity and are authorized to purchase shares.
- I/We have read the CURRENT prospectus of each fund that I/we are investing in and agree to be bound by its terms and conditions.
- I/We are responsible for reading the prospectus of any fund into which I/we exchange.
- I/We understand our mutual fund shares may be transferred to the appropriate state if no activity occurs, or if statements of my/our account activity prove undeliverable, within the time period specified by state law.
- I/We release Clipper Fund and their agents and representatives from all liability and agree to indemnify them from all losses, damages or costs for acting in good faith in accordance with instructions, including telephone instructions, written instruction or internet transactions believed to be genuine. I/We agree to notify Clipper Fund promptly in writing if any information on this form changes.
- By consenting to electronic delivery of documents I/we understand that when these documents are available I/we will receive an email notification that will contain a link to the Fund's website, where I/we will be able to view or download the updated document.
- I/We understand that if the account is registered as a custodianship or an entity (e.g. Trust, Corporation, Estate or UTMA/UGMA) that I/we must sign this authorization section with my/our full capacity (e.g. Custodian, Trustee, Officer, Executor, etc.) whichever is appropriate.
- I have read **Third Party Instructions** and I am aware that I am able to designate a third party who is able to provide information about me in case you are not able to reach me.

Signature of Shareholder

Date

Signature of Shareholder

Date

Capacity if applicable (ie: Trustee, POA, Executor, etc.)

Place 2000/Medallion Guarantee Stamp Here*

Capacity if applicable (ie: Trustee, POA, Executor, etc.)

Place 2000/Medallion Guarantee Stamp Here*

Please make sure a 2000/Medallion Guarantee Stamp is affixed next to all shareholder signatures when applicable. If you have any questions regarding 2000/Medallion Guarantee Programs, please call Investor Services.