



**CLIPPER
FUND™**

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 I 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.

Fund Number Account Number Social Security Number or Tax Identification Number

Fund 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

To authorize the 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 H, 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
- Invest dividends in a different Clipper Fund that I own
Fund Number _____
Account Number _____
- 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
- Invest capital gains in a different ClipperFund that I own
Fund Number _____
Account Number _____
- Send capital gains to my bank by way of Automated Clearing House (ACH)

E. AUTOMATIC INVESTMENT PROGRAM (AIP)

Please complete this section and section H, 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: 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 and section H, 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: Fund Number _____ 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).

G. THIRD PARTY INSTRUCTIONS

Please complete this section if you wish to send statements to a third party, authorize a third party to transact on your behalf, or authorize a third party to disclose information about you related to your account as described below.

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.**

Disclose information about me in order to confirm the specifics of my current contact information, health status, and the identity of any legal guardian, executor, trustee, or holding of a power of attorney in case the Clipper Fund is unable to reach me.

Name of Party

Address

City

State

Zip Code

Email Address

H. 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.

