

# SHAREOWNER Change of Dealer Form



Regular mail: Clipper Fund, PO Box 219167, Kansas City, MO 64121-9167  
For overnight mail: Clipper Fund, 430 W 7th Street, Suite 219167, Kansas City, MO 64105-1407  
Phone: 1-800-432-2504 Fax: 816-218-0447 Web: www.clipperfund.com

## SHAREOWNER INFORMATION

Shareowner Name

Joint Shareowner Name

Address

City

State

Zip Code

All accounts under this Social Security Number:

or

Only these account numbers:

Social Security Number

Fund

Account Number

## NEW DEALER INFORMATION / REMOVAL OF DEALER *Please choose one of the following options.*

**New Broker/Dealer Information**—To be completed by your Financial Professional.

Broker/Dealer Firm Name

Branch Code

Branch Address

Branch City

Branch State

Branch Zip Code

Representative Name

Representative Code

Representative Signature

Representative Phone Number

**\*Authorization signature from representative accepting the above noted account(s), is required to process.**

**Remove the current Broker/Dealer on my account**—This option will put Davis Distributors, LLC as the de facto dealer on the account. I Further Acknowledge that Davis Distributors holds no Fiduciary obligation or advisory services in this capacity.

## SHAREOWNER SIGNATURE OF AUTHORIZATION

I hereby authorize Clipper Fund to remove or change the financial advisor or financial intermediary designated on the above noted account(s). All registered account owners/authorized individuals of the above account(s) must sign and date this form.

Signature

Date

Phone Number

Signature

Date

Phone Number