

# Account Application – Corporations and Other Entities

Do not use for an IRA

## Instructions

Use this form to open an account for a corporation, limited liability company, partnership, statutory trust, or other type of entity.

NOTE: For your protection, following the addition of a new bank account or following any change to an automatic trade using an existing bank instruction you must wait 15 days before you can have proceeds from a redemption settled to that bank account.

## USA Patriot Act Notice

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In some cases, Federal law also requires us to verify and record information that identifies the natural persons who control and/or beneficially own a Legal Entity (defined below) that opens an account.

To invest in the Funds we require information that will allow us to identify you. This form must be completed by the person opening a new account on behalf of the entity.

### Important Notes:

Legal Entities must provide additional information about their Beneficial Owners and Control Persons.

**Legal Entity:** A Legal Entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal Entities also include, but are not limited to, partnerships, statutory trusts, and non-profit and charitable organizations.

**Control Person:** An individual with significant responsibility for managing the Legal Entity (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

**Beneficial Owner(s):** Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the Legal Entity through any contract, arrangement, understanding, relationship, or otherwise (e.g., each natural person that owns 25 percent or more of the shares of a corporation).

## Mailing Information

### Regular Mail:

Dodge & Cox Funds  
P.O. Box 219502  
Kansas City, MO 64121-9502

### Express, Certified, or Registered Mail:

Dodge & Cox Funds  
430 W 7th Street, Suite 219502  
Kansas City, MO 64105-1407

## Part 1 Address

Attention

Mailing Address (A.P.O., F.P.O., or P.O. Box are also acceptable)

City

State

Zip Code

( )

Contact Phone Number

Extension

Email Address

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### Part 1 Address (continued)

If mailing address above is a P.O. Box, a street address is also required by the USA PATRIOT Act. Shares of the Dodge & Cox Funds are **registered for sale to U.S. residents only**. You must provide your valid U.S. address when opening an account.

Street Address (if different than mailing address above)

City

State

Zip Code

### Duplicate Statements (optional)

Name/Company

Mailing Address

City

State

Zip Code

### Part 2 Shareholder Information

#### Corporation or Other Entity

Check the box next to the description that describes the entity establishing the account(s). If you select a box between 1 and 5, or are otherwise a Legal Entity, complete the Control Person and Beneficial Owner(s) sections below.

1.  C Corporation. A copy of the certified articles of incorporation or business license of the corporation must be attached unless it is a publicly traded company. If corporation is listed on an exchange, provide ticker symbol: \_\_\_\_\_
2.  S Corporation. A copy of the certified articles of incorporation or business license of the corporation must be attached.
3.  Limited Liability Company (LLC). A copy of the certified certificate of formation/organization, LLC Agreement or business license of the LLC must be attached.
4.  Partnership. A copy of the certified certificate of partnership, business license of the partnership or the first and signature page(s) of the partnership agreement must be attached.
5.  Trust (other than a Personal Trust). A copy of the certified certificate of trust or the title and signature page(s) of the Trust Agreement must be attached.
6.  Financial Institution governed by a federal regulator. (account is for own behalf or for benefit of its client)
7.  Bank governed by a state bank regulator. (account is for own behalf or for benefit of its client)
8.  Retirement plan governed by ERISA.
9.  Governmental Agency or Instrumentality.
10.  Other. \_\_\_\_\_

Call 800-621-3979 for more information regarding documentary requirements.

Name of Natural Person Opening Account

Title

Name of Corporation or Other Entity

Taxpayer Identification Number of Entity

Date of Trust Agreement (if applicable)

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### Part 2 Shareholder Information (continued)

#### Control Person

NOTE: See "Control Person" on page 1 for clarification.

For non-U.S. persons, a Social Security Number, Passport Number and County of Issuance, or other similar identification number should be provided. Non-U.S. Persons must also provide a copy of the referenced passport, alien identification card, or any other government-issued document evidencing the identification number, nationality or residence and bearing a photograph or similar safeguard.

Provide the following information for one individual with significant responsibility for managing the Legal Entity listed above, such as: An executive or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. (If appropriate, an individual listed below as a Beneficial Owner may also be listed in this section).

Name	Title	
_____ - _____ - _____ / ____ / ____		
Social Security Number	Date of Birth	
Mailing Address (residential or business street address)		
City	State	Zip Code

#### Beneficial Owner(s)

NOTE: See "Beneficial Owner(s)" on page 1 for clarification.

Name	Title	
_____ - _____ - _____ / ____ / ____		
Social Security Number	Date of Birth	
Mailing Address (residential or business street address)		
City	State	Zip Code

Name	Title	
_____ - _____ - _____ / ____ / ____		
Social Security Number	Date of Birth	
Mailing Address (residential or business street address)		
City	State	Zip Code

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**Part 2**  
**Shareholder Information**  
(continued)

Beneficial Owner(s)  
(continued)

Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number Date of Birth

Mailing Address (residential or business street address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number Date of Birth

Mailing Address (residential or business street address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I, \_\_\_\_\_ (name of natural person opening account), hereby certify to the best of my knowledge that the information provided above is complete and correct.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part 3**  
**Initial Investment**

**Investment Amount – Minimum of \$2,500 for each Fund account**

- Stock Fund Share Class:  I or  X \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Global Stock Fund Share Class:  I or  X \$ \_\_\_\_\_ or \_\_\_\_\_ %
- International Stock Fund Share Class:  I or  X \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Balanced Fund Share Class:  I or  X \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Income Fund Share Class:  I or  X \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Global Bond Fund Share Class:  I or  X \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Emerging Markets Stock Fund \$ \_\_\_\_\_ or \_\_\_\_\_ %

**TOTAL: \$ \_\_\_\_\_ or 100%**

NOTE: Class X Shares are only available to certain defined contribution retirement plans. Class X Shares are not available to retail or other types of investors. See the prospectus for eligibility requirements. Investors who do not meet eligibility requirements for Class X shares but whose application is otherwise in good order will receive Class I shares of the same Dodge & Cox Fund instead.

- Check enclosed. Checks must be payable to: Dodge & Cox Funds. The Funds do not accept third party checks, traveler’s checks, or money orders.
- Invest by wire transfer. Call 800-621-3979 prior to wiring funds; see the prospectus for full instructions.

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### Part 4 Account Options

#### A. Distribution Options

Indicate if you would like distributions reinvested or paid in cash. If no boxes are checked, all dividends and capital gains will be reinvested.

Income Dividends:  Reinvest  Cash

Capital Gains:  Reinvest  Cash

If any distributions are to be paid in cash, specify payment method:

Deposit to bank account (**Complete Part 4D, Bank Information**)

Send check to mailing address in Part 1

#### B. Cost Basis

Select one of the following cost basis methods. Your election will be used when determining which share lot(s) to use and when calculating the gain or loss for all future sales of shares. If no election is made, the cost basis method of Average Cost will be used. For more information, visit [dodgeandcox.com/costbasis](http://dodgeandcox.com/costbasis).

Average Cost (ACST)

First-In, First-Out (FIFO)

Last-In, First-Out (LIFO)

High Cost, First-Out (HIFO)

Low Cost, First-Out (LOFO)

Loss/Gain Utilization (LGUT)

Specific Lot Identification (SLID) (Complete Secondary Election)

Secondary Election \_\_\_\_\_ (For SLID method. Options: FIFO, LIFO, HIFO, LOFO, LGUT)

(Secondary method will be used in the event of any automated transactions, or for a redemption placed without specific lot identification.)

#### C. Telephone Capabilities

Telephone capabilities for account transactions (**Complete Part 4D, Bank Information**) and maintenance are automatically established unless you check the box below:

I DO **NOT** WANT:  Telephone Capabilities

#### D. Bank Account Information (if applicable)

To link a bank account to your Fund account(s), attach a voided check (checking account), preprinted deposit slip (savings account), or separate instructions (brokerage account). Your bank must be a member of the Automated Clearing House (ACH). If you are including a preprinted deposit slip, the bank routing number is usually NOT provided. Please call your bank for the routing number and include the information in the space below.

**Money market accounts are not eligible to be linked.**

Bank Account Type:  Checking Account  Savings Account  Brokerage Account

NOTE: For Brokerage Accounts – The bank information (bank name, bank account number, ABA) may be different for ACH versus wire. If the bank information is different, provide the information on a separate sheet and attach it to this application. Please call your brokerage firm if you are unsure.

Attach a voided check (checking account), preprinted deposit slip (savings account) or provide the bank account information

The Dodge & Cox Funds account and bank account provided must have like registrations.

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Bank Name

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Bank Account Registration

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Bank Account Number

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Bank Routing (ABA) Number

## Account Application – Corporations and Other Entities

**Part 5**  
**Certification**  
**and Signature**

We have received and read the Dodge & Cox Funds' prospectus and the summary prospectus (available at [dodgeandcox.com](http://dodgeandcox.com)) on behalf of the entity establishing the account for each of the Funds in which the entity is investing and believe that the investment is suitable for it. We understand the investment objectives and policies of the Fund(s) and agree to be bound by the terms of the prospectus. We are of legal age in my state of residence and have full authority to purchase shares of the Funds and to establish and use any related privileges on behalf of the entity.

The Funds, Dodge & Cox, DST Asset Manager Solutions, Inc., State Street Bank and Trust Company, and any affiliate and/or any of their directors, trustees, employees, and agents will not be held liable for any claims, losses, or expenses (including legal fees) for acting on any instructions or inquiries believed to be genuine, provided that reasonable security procedures have been followed. If an account has multiple owners, the Funds may rely on the telephone instructions of any one account owner. We consent to the recording of any telephone conversation(s) when we or our agents call the Funds regarding our account(s). We will review all statements upon receipt and will notify the Funds immediately if there is a discrepancy.

By selecting certain options, we hereby authorize the Funds to initiate credits and debits to our account at the bank indicated in Part 4D and for the bank to credit or debit the same to such account.

We certify under penalties of perjury that: (1) the Social Security number or Taxpayer Identification numbers provided above are correct; and (2) we are not subject to IRS backup withholding because: (a) we are exempt from backup withholding; or (b) we have not been notified by the IRS that we are subject to backup withholding; or (c) we have been notified by the IRS that we are no longer subject to backup withholding.

(required)



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name/Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## Account Application – Corporations and Other Entities

### Part 6 Authorized Individuals

Part 6 serves as a certified corporate or other entity resolution with a list of officers authorized to transact in the account(s) established with this form. It eliminates the need to provide a resolution with each written transaction request. The Funds will keep this Resolution on file, where it will remain in full force and effect until a written revocation of the Resolution is delivered to the Funds, and the Funds have had a reasonable amount of time to act upon it.

If the account(s) will be registered with a bank or brokerage firm listed as trustee and the bank or brokerage firm will be providing all instructions on the account(s), do not complete Part 6.

#### A. Certification by Officer

Provide the name of the entity and the name, title, and signature of the authorized officers below. If you want to authorize more than four officers, write “see attached” on the first line, and attach a separate sheet with each officer’s name, title, and signature. If you have a separate Resolution which lists the authorized officers, provide the name of the entity below and attach the Resolution to this form.

As an authorized officer of:

\_\_\_\_\_  
Name of Entity



I hereby certify that the officer(s) listed below:

a.			
	<b>Name</b>	<b>Title</b>	<b>Signature</b>
b.			
	<b>Name</b>	<b>Title</b>	<b>Signature</b>
c.			
	<b>Name</b>	<b>Title</b>	<b>Signature</b>
d.			
	<b>Name</b>	<b>Title</b>	<b>Signature</b>

are duly authorized by resolution to act on behalf of the entity specified above in connection with the account(s) established with this Account Application. The above-named officer(s) are authorized to invest the assets of the entity; to give instructions for the purchase, sale, exchange, or transfer of shares; and to execute and deliver any forms or instructions in connection with those shares.

The entity listed agrees to indemnify and hold Dodge & Cox, Dodge & Cox Funds, DST Asset Manager Solutions, Inc., State Street Bank and Trust Company, and any affiliate and/or any of their directors, trustees, employees, and agents, harmless from acting upon instructions believed by the Funds to have originated from the officer(s) named above. This Resolution is to remain in effect until revoked in writing by one of the officers named above and delivered to the Funds. The revocation will not affect any liability resulting from transactions initiated before the Funds have had a reasonable amount of time to act upon the revocation. I am authorized and directed to certify the above and that these provisions conform with the charter of the entity.

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**Part 6**  
**Authorized Individuals**  
(continued)

B. Number of Signatures  
Required to Transact

C. Signature of  
Authorized Individual

Enter the number of signatures required to transact in the account(s) being established. If a number is not given, all signatures will be required on written transaction requests.  
NOTE: Telephone requests may be made by any one of the officers listed above.

To the above I set my signature and the seal of the Entity.



\_\_\_\_\_  
Name of Secretary/Officer/Partner

\_\_\_\_\_  
Signature of Secretary/Officer/Partner

\_\_\_\_\_  
Title of Authorized Individual

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Affix Seal

NOTE: If separate Resolution is attached, "see attached" may be written in this space. If the Corporation/Organization/Partnership/Entity does not have a seal, the word "seal" may be written in this space.