

Account Application – Individuals and Personal Trusts

Do not use for an IRA

Instructions

Use this form to open an individual, joint tenant, custodial account for a minor, or a trust account where the beneficial owner is a person. Investors can also open these accounts online. Visit the Funds' website at dodgeandcox.com and click on "Investing."

- NOTE:
- If you would like to add one or more beneficiaries to your Individual and Joint account, please complete the **Transfer on Death Beneficiary Designation Form** with your application.
 - 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.

To invest in the Funds we require information that will allow us to identify you.

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 (optional)

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

If mailing address above is a P.O. Box, a street address is also required by the USA PATRIOT Act:

Street Address (if different than mailing address above)

City _____ State _____ Zip Code _____

NOTE: If Joint Tenants in Part 2 have different street addresses, provide the joint tenant's name and street address on a separate sheet and attach to this application.

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.

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Part 2 Shareholder Information

A. Individual or Joint Tenant

NOTE: All joint registrations will be registered as "Joint Tenants (with right of survivorship)" unless otherwise specified.

Prefix First Name Middle Initial Last Name

_____-_____-_____/_____/_____
Social Security Number Date of Birth

Citizenship: U.S. Citizen Resident Alien Non-resident Alien: _____

NOTE: Non-resident aliens must include a copy of a government-issued photo ID with this application. Country of Citizenship _____

Prefix First Name Middle Initial Last Name

_____-_____-_____/_____/_____
Social Security Number Date of Birth

Citizenship: U.S. Citizen Resident Alien Non-resident Alien: _____

NOTE: Non-resident aliens must include a copy of a government-issued photo ID with this application. Country of Citizenship _____

or B. Gift/Transfer to a Minor (UGMA/UTMA)

_____-_____-_____/_____/_____
Custodian's Name (only one permitted) Custodian's Social Security Number Custodian's Date of Birth

_____-_____-_____/_____/_____
Minor's Name (only one permitted) Minor's Social Security Number Minor's Date of Birth

NOTE: If minor does not have a SSN, please send copy of minor's SSN application.

under the _____ Uniform Gifts/Transfers to Minors Act
State of Minor's, Donor's, or Custodian's Residence _____

Citizenship: U.S. Citizen Resident Alien Non-resident Alien: _____

NOTE: Non-resident aliens must include a copy of a government-issued photo ID with this application. Country of Citizenship _____

Age of Termination _____

The assets in an UTMA/UGMA account are considered an irrevocable gift to the minor named in the account registration. The age of termination varies by state, generally 18 or 21 years of age. Certain states permit the Custodian to extend beyond the statutory age of termination at the time of account establishment to a maximum of 21 or 25 years of age. The account will be setup with the default age of termination according to the state named in the account's registration. If the Custodian wishes to apply the applicable state's extended termination date, indicate the extended age here (either 21 or 25) _____. The Custodian agrees and acknowledges that they are responsible under applicable state law for determining the proper termination age and that Dodge & Cox Funds is not responsible for doing so. The Custodian agrees to transfer the account to the beneficiary upon termination. Dodge & Cox Funds reserves the ability to restrict the Custodian's ability to transact in the account upon the beneficiary reaching the age of termination.

or C. Estate Account

_____-_____-_____/_____/_____
Name of Estate Deceased Shareholder's Date of Death

_____-_____-_____/_____/_____
Taxpayer Identification Number OR Deceased Shareholder's Social Security Number

Prefix First Name of Executor Middle Initial Last Name

Prefix First Name of Executor Middle Initial Last Name

NOTE: A Letter of Testamentary must be included with this application.

or D. Personal Trust

NOTE: This form should only be used for Trusts where the beneficial owner is a person. If the beneficial owner is an entity, please use the Account Application for Corporations & Entities.

_____-_____-_____/_____/_____
Name of Trust Date of Trust Agreement

_____-_____-_____/_____/_____
Taxpayer Identification Number OR Social Security Number

NOTE: A copy of the title and signature page(s) of the Trust Agreement must be attached.

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Part 3 Authorized Trustees (Applicable if D. Personal Trust is selected in Part 2.)



Authorized Trustee	____ - ____ - ____	____ / ____ / ____
	Trustee Social Security Number	Trustee Date of Birth

Signature



Authorized Trustee	____ - ____ - ____	____ / ____ / ____
	Trustee Social Security Number	Trustee Date of Birth

Signature

NOTE: If there are more than two Authorized Trustees attach a separate list with full names, social security numbers, birthdays, and signatures.

Part 4 Initial Investment

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

- | | | | |
|---|----------|----|-------------------|
| <input type="checkbox"/> <u>Stock Fund - Class I (145)</u> | \$ _____ | or | _____ % |
| <input type="checkbox"/> <u>Global Stock Fund - Class I (1049)</u> | \$ _____ | or | _____ % |
| <input type="checkbox"/> <u>International Stock Fund - Class I (1048)</u> | \$ _____ | or | _____ % |
| <input type="checkbox"/> <u>Emerging Markets Stock Fund (1051)</u> | \$ _____ | or | _____ % |
| <input type="checkbox"/> <u>Balanced Fund - Class I (146)</u> | \$ _____ | or | _____ % |
| <input type="checkbox"/> <u>Income Fund - Class I (147)</u> | \$ _____ | or | _____ % |
| <input type="checkbox"/> <u>Global Bond Fund - Class I (1050)</u> | \$ _____ | or | _____ % |
| TOTAL: | \$ _____ | or | _____ 100% |

- 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.

Part 5 Account Options

A. Consent for Electronic Delivery

Elect to receive your statements and other important documents online. You will receive a notification to the email address provided informing you that the documents are available for viewing on the Funds' website. You can change this election at any time. Confidential account information will not be sent via email.

Email Address (please print clearly)

- | | | |
|--|-----------|--|
| <input type="checkbox"/> All Documents | OR | Select Document Type: |
| | | <input type="checkbox"/> Account Statements |
| | | <input type="checkbox"/> Confirmation Statements |
| | | <input type="checkbox"/> Fund Reports, Prospectus, and Proxies |
| | | <input type="checkbox"/> Tax Forms |
| | | <input type="checkbox"/> Additional Fund Communications |

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Part 5 Account Options (continued)

B. 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 5G, Bank Information**)

Send check to mailing address in Part 1

C. 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.

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.)

D. Telephone and Internet Capabilities

Telephone and Internet capabilities for account transactions (**Complete Part 5G, Bank Information**) and maintenance are automatically established unless you check the box below:

I DO **NOT** WANT: Telephone and Internet Capabilities

E. Trusted Contacts (optional)

A Trusted Contact must be 18 years of age or older. By providing the information below, you authorize Dodge & Cox Funds to contact the designated Trusted Contact to discuss information about you and your account(s) to prevent the presumption of abandonment of your account(s), address possible financial exploitation concerns, confirm your current contact information, confirm the identity of any legal guardian, executor, trustee, or holder of a power of attorney, or as otherwise permitted by federal or state law. A Trusted Contact does not have authority to transact on your account(s).

NOTE: We will also treat Trusted Contact 1 as your designated Escheatment Notice Representative as defined by certain states.

Trusted Contact 1

Name

Phone Number

Email Address

Mailing Address

Mailing Address

Mailing Address

Trusted Contact 2

Name

Phone Number

Email Address

Mailing Address

Mailing Address

Mailing Address

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Part 5
Account Options
(continued)

F. Automatic Investment
Plan (AIP)
(optional)

Establish automatic investments in your Fund account(s) through deductions from your bank account
Complete Part 5G, Bank Information.

Frequency: Monthly Quarterly Semi-annually Annually

_____	_____	____/____/____	_____
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
_____	_____	____/____/____	_____
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
_____	_____	____/____/____	_____
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
_____	_____	____/____/____	_____
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
_____	_____	____/____/____	_____
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
_____	_____	____/____/____	_____
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month

IMPORTANT NOTES:

- An AIP normally becomes active 15 days after this form is processed.
- If no day or frequency is chosen, investments will be made on or about the 5th business day of every month.
- If no start date is provided, the AIP will begin as soon as the option is established in accordance with the instructions provided.

G. 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 at least one common owner.

Bank Name

Bank Account Registration

Bank Account Number

Bank Routing (ABA) Number

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Part 6
Certification
and Signature

I have received and read the Dodge & Cox Funds' prospectus and the summary prospectus (available at dodgeandcox.com) for each of the Funds in which I am investing and believe that the investment is suitable for me. I understand the investment objectives and policies of the Fund(s) and agree to be bound by the terms of the prospectus. I am 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.

The Funds, Dodge & Cox, SS&C GIDS, 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. I consent to the recording of any telephone conversation(s) when I call the Funds regarding my account(s). I will review all statements upon receipt and will notify the Funds immediately if there is a discrepancy.

By selecting certain options, I hereby authorize the Funds to initiate credits and debits to my account at the bank indicated in Part 5F and for the bank to credit or debit the same to such account.

(required)

Select one:

I am a U.S. citizen. I am a resident alien.

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

OR

I am a non-resident alien and certify under penalties of perjury that I am not a U.S. citizen or resident alien, and that I am an "exempt foreign person" as defined under IRS regulations. I have attached a completed W-8BEN form and a copy of my government-issued ID as proof of my foreign tax status.

Individual/Joint
Tenant, Custodian,
or Trustee



Signature

____/____/____
Date



Signature of Joint Owner or Trustee, if any

____/____/____
Date

NOTE: If shares are to be registered in (1) joint names, all persons should sign, (2) a custodian's name (for a minor), the custodian should sign, (3) an estate, the executor(s) should sign, (4) a trust, the trustee(s) should sign.