

IRA Options Form

Instructions

Use this form to establish any of the options listed below in your Dodge & Cox Funds IRA(s). To set up periodic distributions from your IRA(s), complete an IRA Distribution Request Form.

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.

Mailing Address

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 Current Account Information

Name/Account Registration

()

Contact Phone Number

Email Address

Part 2 Account Numbers

Fund

Account Number

Fund

Account Number

Fund

Account Number

Fund

Account Number

Fund

Account Number

Fund

Account Number

Fund

Account Number

Part 3 Name Change

Account owner name change

NEW Name of Account Owner

Social Security Number

Date of Birth

The account owner must have his/her **new** signature guaranteed in Part 8.

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Part 4 Consent for Electronic Delivery

Indicate if you would like to receive your statements and other important documents online. You will receive a notification to the email address provided in Part 1 informing you that the documents are available for viewing on the Funds' website. Confidential account information will not be sent via email. You can change this election at any time.

Document Type for Electronic Delivery:

- Account Statements
- Confirmation Statements
- Fund Reports, Prospectus, and Proxies
- Tax Forms

Part 5 Telephone and Internet Privileges

Check the box below to add telephone and internet capabilities to your account(s).

- Add Telephone and Internet Capabilities
- Remove Telephone and Internet Capabilities

The capabilities normally becomes active 15 days after this form is processed.

Part 6 Automatic Investment Plan (AIP)

Establish automatic investments in your IRA(s) through deductions from your bank account.

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

- Check here if the account(s) listed above have a previously established AIP which you would like to remain active in addition to the above AIP. (If you **do not** check this box, the previously established AIP will be replaced).

Complete Part 7, Bank Information to establish this option.

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Part 6
Automatic Investment
Plan (AIP)
(continued)

IMPORTANT NOTES:

- Contributions can be credited for the prior year until April 15 only upon request.
- It is your responsibility to ensure that investments do not exceed your annual contribution limit. If you over contribute, the IRS may charge you a substantial penalty.
- An AIP normally becomes active **15 days** after this form is processed.
- If no day or frequency is chosen, withdrawals will be made on or about the 5th business day of a month.
- If no start date is provided, the AIP will begin as soon as the option is established in accordance with the instructions provided.

Part 7
Bank Information

If you have completed Parts 5 or 6, attach a voided check (checking account), preprinted deposit slip (savings account), or separate instructions (brokerage account). **A signature authentication is required for redemption privileges.** Your bank must be a member of the Automated Clearing House (ACH) system to use any options that require the completion of this section. Please call your bank if you are unsure. If you are including a preprinted deposit slip the bank routing number is usually NOT located on your slip. Please call your bank for the routing number. **Money market accounts are not eligible for banking privileges.**

Check here if this replaces existing bank information already on your account(s).

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) or preprinted deposit slip (savings account) here

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 8
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 establish and use any related privileges.

I understand that I am responsible for any tax consequences or penalties which may result from elections I make or any contributions, conversions, distributions, or recharacterizations which I initiate. I authorize Dodge & Cox Funds, their affiliates and agents, to act on any instructions believed to be genuine for any services authorized on this Form, including telephone options. Dodge & Cox Funds, Dodge & Cox, DST Asset Manager Solutions, Inc., UMB Bank, n.a., 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.

By completing Parts 5 or 6, I hereby authorize the Funds to initiate credits and/or debits to my account at the bank indicated in Part 7 and for the bank to honor all entries to my account.



Signature of IRA Owner

____/____/____
Date



Signature of Parent/Custodian

____/____/____
Date

Signature Authentication Options:

Medallion Signature Guarantee, SVP Stamp Guarantee, or Notary Public Stamp

NOTE: A medallion signature guarantee and SVP stamp may be obtained from a domestic bank or trust company, broker, dealer, clearing agency, savings association, or other financial institution which participates in a Medallion program recognized by the Securities Transfer Association. A notary public stamp can be obtained from a notary public signing agent.