

**Mailing Address**

Regular Mail:  
Dodge & Cox Funds  
c/o DST Asset Manager Solutions, Inc.  
P.O. Box 219502  
Kansas City, MO 64121-9502

Express, Certified, or Registered Mail:  
Dodge & Cox Funds  
c/o DST Asset Manager Solutions, Inc.  
430 W 7th Street, Suite 219502  
Kansas City, MO 64105-1407

**Part 1  
Current Account Information**

Name/Account Registration

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ (\_\_\_\_)  
Social Security Number Contact Phone Number

Fund Account Number

**Part 2  
Reason for Distribution**

NOTE: Rules related to distributions from IRAs are complex, and it is your responsibility to ensure that the requested IRA distribution complies with all IRS rules. Please consult with your own tax advisor regarding your individual circumstances.

- A. Normal Distribution**  
I am age 59 1/2 or older.
- B. Premature Distribution\***  
I am under age 59 1/2.
- C. Permanent Disability**  
I am permanently disabled according to the IRS definition.\*
- D. Death of IRA Owner/Inherited IRA**  
The original IRA Owner has died and I am the beneficiary (a Medallion Signature Guarantee is required).  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Death of IRA Owner
- E. Excess Contribution (without penalty)**  
Remove excess contribution of \$ \_\_\_\_\_ made for the tax year \_\_\_\_\_ and any earnings (gain or loss) attributable to such contribution. **Go to Part 5 (Do not complete Part 3 and part 4).** Tax withholding cannot be applied to removal of excess contributions.
- F. Divorce of IRA Owner**  
I am distributing due to a divorce settlement.

\*You may be required to file IRS Form 5329. Consult your tax or financial advisor for further information.

**Part 3  
Calculation  
Method**

For Option A:  
Complete 1, 2, and 3  
(if applicable)

Select A, B, or C below to indicate your calculation method. Not all distribution options may be allowable for every situation. Consult with your tax advisor regarding your specific situation.

**A. Life Expectancy Distributions**

Establish periodic distributions from the account(s) based on my life expectancy or a complete distribution over a fixed number of years as calculated by Dodge & Cox Funds.

1. Method of determining distribution amounts based upon:

- My age using the IRS Uniform Lifetime Table.
- The joint life expectancy of my spouse and I using the IRS Joint Life Expectancy Table. **This option can only be used if your spouse is your sole beneficiary and your spouse is more than 10 years younger than you.**

Spouse's: Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- A complete distribution over \_\_\_\_\_ years. **Number of years may not exceed the distribution period allowed under the IRS Uniform Lifetime Table or your joint life expectancy with your spouse as beneficiary (IRS Joint Life Expectancy Table).**

2. I would like these payments distributed to me:

Frequency:  Monthly  Quarterly  Semi-annually  Annually

Start Date (Month/Year): \_\_\_\_\_ Day of Month: \_\_\_\_\_

- 3. **If assets in the account were not invested in the Dodge & Cox Funds as of the prior year-end,** provide prior year-end value of IRA assets. \$ \_\_\_\_\_

**B. Periodic Distributions**

Establish periodic distributions in the amount of \$ \_\_\_\_\_

Frequency:  Monthly  Quarterly  Semi-annually  Annually

Start Date (Month/Year): \_\_\_\_\_ Day of Month: \_\_\_\_\_

**C. One-time Distribution**

- I would like to take a **one-time** distribution of \$ \_\_\_\_\_

**Part 4  
Distribution Election**

Please select one of the partial distribution methods below. If no election is made, life expectancy distributions will be made pro-rata based upon each Fund account's prior year end balance.

Take my partial distribution:  Pro rata **OR**  As indicated below:

_____ Fund	_____ Account Number	\$ _____	or	_____ %
_____ Fund	_____ Account Number	\$ _____	or	_____ %
_____ Fund	_____ Account Number	\$ _____	or	_____ %
_____ Fund	_____ Account Number	\$ _____	or	_____ %
_____ Fund	_____ Account Number	\$ _____	or	_____ %
_____ Fund	_____ Account Number	\$ _____	or	_____ %
_____ Fund	_____ Account Number	\$ _____	or	_____ %

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

**Part 5**  
**Income Tax**  
**Withholding**  
**and Certification**

If you elect not to have withholding apply to your distributions, you are still responsible for payment of any tax due. You may incur penalties under the estimated tax rules if your withholding and estimated tax payment(s) are not sufficient.

**Federal Income Tax Withholding:** Federal taxes will automatically be withheld from distributions at the rate of 10%, unless you check one of the boxes below.

- I do not wish to have federal taxes withheld.
- Withhold federal taxes at the rate of \_\_\_\_\_% (Minimum 10%)

**State Income Tax Withholding: Applicable ONLY to AR, CA, CT, DC, DE, IA, KS, ME, MA, MI, MS, NE, NC, OK, OR, VT, VA.** In most cases, if federal taxes are withheld, mandatory state tax withholding will apply, unless you check one of the boxes below. Some states have additional requirements in order to opt out of mandatory state tax withholding, (e.g., Connecticut or Michigan). Consult with your tax advisor or refer to your state's tax laws for more information.

Notice to Connecticut Residents: There is a mandatory state withholding regardless of your federal withholding election unless you have provided a Form CT-W4P indicating an exemption to, or alternate rate of withholding.

- I do not wish to have state taxes withheld.
- Withhold state taxes at the rate of \_\_\_\_\_% of the total distribution, or in the amount of \$\_\_\_\_\_ (Refer to your state for minimum withholding amount)

**Note to U.S. citizens living abroad and non-U.S. citizens:** Withholding may not be waived by U.S. citizens receiving payments outside of the United States. Withholding for non-U.S. citizens is subject to tax treaty rules; see IRS Publication 515 for details. If you fall under either of these categories, check the appropriate box below:

- I certify that I am a U.S. citizen living abroad. I understand that payments sent to me abroad are subject to 10% federal tax withholding that cannot be waived.
- I certify that I am a non-U.S. citizen. I am attaching IRS Form W-8BEN to certify my status and to comply with IRS rules. I understand that withholding, if applicable, will be applied to my distribution amounts based upon my W-8BEN certification or lack thereof.

**Part 6**  
**Distribution**  
**Instructions**

I would like the distribution proceeds:

- A. Sent electronically to a bank account. **A Medallion Signature Guarantee is required if the distribution will be sent to a new bank account. Enclose a voided check (checking account) or a deposit slip (savings account).**  
 ACH (Automated Clearing House)  Wire
- B. Sent by check to me at the address on the account. **A Medallion Signature Guarantee is required if the account address was updated within the last 15 days.**  
 Regular Mail  Overnight Mail (\$15 fee will apply)
- C. Sent by check to me at the alternate address below. **A Medallion Signature Guarantee is required.**  
 Regular Mail  Overnight Mail (\$15 fee will apply)

Alternate Mailing Address

City

State

Zip Code

- D. Sent by check to person or entity listed below. **A Medallion Signature Guarantee is required.**  
 Regular Mail  Overnight Mail (\$15 fee will apply)

Name of Payee

Mailing Address of Payee

City

State

Zip Code

- E. Deposit to a Dodge & Cox Funds account.  
 Existing Account: Fund \_\_\_\_\_ Account # \_\_\_\_\_  
**Your name must be listed in the registration of the account.**  
 New Account (attach a completed Account Application). **Your name must be listed in the registration of the new account and you must meet the investment minimum of \$2,500 per Fund.**  
 New IRA (for an inherited IRA or an IRA due to divorce – attach a completed IRA Application). The beneficiary's name must be listed in the registration of the new IRA.

**Part 7  
Certifications  
and Signatures**

I, the undersigned, authorize and request that UMB Bank, n.a., as custodian for my IRA, make the above distribution(s) from the account. I acknowledge that the box checked for reason for distribution is correct, and I am aware of the possible tax consequences of these distribution(s). I understand that I am responsible for determining that the minimum distribution requirement, if applicable, is met each year for my traditional IRA and that failure to meet this requirement may result in tax penalties. I agree to indemnify and hold Dodge & Cox, Dodge & Cox Funds, DST Asset Manager Solutions, Inc., UMB Bank, n.a., and any affiliate and/or any of their directors, trustees, employees, and agents harmless in this regard for elections I have made, and for any actions taken as a result of the information and instructions I have provided.



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of IRA Owner Date

OR if the IRA Owner is deceased, the designated beneficiary must sign and provide the following information.

\_\_\_\_\_  
Name of Beneficiary Social Security Number



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Beneficiary Date

**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 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. 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.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

(if applicable)

Medallion Signature Guarantee

NOTE: A medallion signature guarantee 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. Signature guarantees from financial institutions which do not participate in a Medallion program will not be accepted. A notary public cannot provide a signature guarantee.