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**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

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**Additional  
Information**

- You are responsible for ensuring that the requested IRA distribution complies with IRS rules. Please consult with your own tax advisor regarding all potentially applicable IRS rules based on your own circumstances and to discuss any state specific considerations.
- Please be advised that you must be age 70½ or older on the date of the distribution in order for the distribution from your IRA to be a qualified charitable distribution ("QCD"). We do not cross check your birth date with the date of distributions.
- The maximum annual amount that can qualify as a QCD per individual is \$100,000. However, if you file taxes jointly, your spouse can also make a QCD from his or her own IRA within the same tax year for up to \$100,000.
- The charity to which funds are transferred from your IRA must qualify as a 501(c)(3) organization and be eligible to receive tax-deductible contributions. Certain charities do not qualify, such as sponsoring charities of donor-advised funds, private foundations, and supporting organizations. It is your responsibility to determine whether a charity is a qualified charity.
- Checks will be made payable to the qualified charity. It is your responsibility to follow-up with the charity directly for a receipt of your donation.
- When returning this form, please allow adequate time for processing based on deadlines applicable to you for making distributions. Accordingly, please return this form to us no later than December 20 for a distribution required to be made by December 31.
- If you have a systematic withdrawal plan established and you would like to reduce any remaining payments by the distribution amount requested on this form, you must complete Part 3.
- Form 1099-R will be issued to you and the IRS for this distribution from your IRA.
- A medallion signature guarantee will be required to complete this transaction.

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**Part 1  
Current Account  
Information**

\_\_\_\_\_  
Name/Account Registration

\_\_\_\_\_  
(       )  
Contact Phone Number

**Part 2**  
**Charitable Distribution**

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

Charitable Gift Amount: \$ \_\_\_\_\_

Take my distribution:     Pro Rata    **OR**     As indicated below:

Fund	Account Number	\$ _____	or	_____ %
Fund	Account Number	\$ _____	or	_____ %
Fund	Account Number	\$ _____	or	_____ %
		<b>TOTAL:</b>		<b>\$ _____ or _____ 100%</b>

Charitable Organization (1):

Amount: \_\_\_\_\_ % of the distribution proceeds    **OR**    specific dollar amount of \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Charity

Please choose one:

- Mail the check to my address currently on file. I will forward the check to the charity.
- Mail the check directly to the charity.

\_\_\_\_\_  
Attention

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Charitable Organization (2):

Amount: \_\_\_\_\_ % of the distribution proceeds    **OR**    specific dollar amount of \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Charity

Please choose one:

- Mail the check to my address currently on file. I will forward the check to the charity.
- Mail the check directly to the charity.

\_\_\_\_\_  
Attention

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

NOTE: If you have additional charity entries, please attach a letter of instruction to this form.

**Part 3  
Systematic RMD  
Adjustment**

If you are enrolled in a systematic RMD plan and would like the plan to be reduced by the distribution amount on this form for this year only, please check the box below. To allow time for processing updates to your systematic withdrawal plan, please submit this form at least 14 days in advance of your next payment date.

Reduce your current systematic RMD plan by the total requested withdrawal amount on this form.

**Part 4  
Certification and  
Required Signature**

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 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 acknowledge that the value of assets may change during the distribution process. I represent that this withdrawal request satisfies the requirements under Internal Revenue Code Section 408(d)(8) and understand that no tax withholding will be applied. 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

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 signature guarantees.