

Indemnification Agreement for Power of Attorney (POA) Registration

**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

Fund Number

Account Number

**PART 2
POA ASSIGNMENT
(NOTARY PUBLIC
TO COMPLETE)**

I _____ of the state of _____

do hereby make, constitute, and appoint _____

my true and lawful attorney or agent (“Agent”) for me and in my name, place, and stead: (1) to transmit to the Fund named above and its service company DST Asset Manager Solutions, Inc., either orally or in writing in accordance with procedures established by DST Asset Manager Solutions, Inc. from time to time, instructions for the purchase, sale, exchange, or transfer of shares with respect to any account(s) I may hold with the above named mutual fund(s); (2) to make, draw, sign, endorse, negotiate, cash, deliver, and make a stop payment of checks drawn on any of my accounts with said mutual funds; and (3) to enter into all other lawful transactions with respect to any of my said mutual fund account(s).

I hereby agree to indemnify and hold the above named mutual fund(s) and its agents and custodian harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to the shares held in my account(s) with any of these mutual funds.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned’s heirs, executors, successors, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to DST Asset Manager Solutions, Inc. and delivered to its main office. Such revocation shall not effect any liability in any way resulting from transactions initiated prior to DST Asset Manager Solutions, Inc.’s acting on such revocation within a reasonable amount of time. In case of the death, disability, or incompetence of the undersigned, this authorization shall continue and DST Asset Manager Solutions, Inc. and the above named mutual funds(s) and its custodian shall not be responsible for any action taken on the basis of this authorization until DST Asset Manager Solutions, Inc. has received written notice thereof addressed to DST Asset Manager Solutions, Inc. and delivered to its main office.

PART 2 (continued)

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand and seal the

_____ day of _____, 20_____



Signature of Shareholder/Grantor of Power

Social Security Number

State of _____ County of _____ On this _____ day

of _____, 20_____ before me personally appeared, _____ to me personally known to be the individual described in and who executed the foregoing instrument, and acknowledged that he/she executed the same.

Notary Public

My Commission Expires

PART 3
USA PATRIOT ACT

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 or is granted authority to act on an account.

What this means: As you are being named Attorney-in-fact to act on the above referenced account(s), we must ask for your name, address, date of birth, and other information that will allow us to identify you. This information will be verified to ensure your identity as required by the USA PATRIOT Act. The following items below must be completed.

Name of Attorney-in-Fact

Social Security Number

_____/_____/_____
Date of Birth

Street Address

City

State of _____ County of _____

I _____ being duly sworn, deposed, and say: that _____

as principal did, on this _____ day of _____, 20_____ appoint me his/her and lawful attorney by the foregoing instrument hereby made a part hereof. I further certify, under penalty of perjury, that the information I have provided above is true and accurate.



Signature of Attorney-in-Fact

Sworn to before me this _____ day of _____, 20_____

Notary Public

My Commission Expires