

(Do not use for an IRA)

INSTRUCTIONS

Use this form to establish any of the options listed below in your account(s). If you would like to establish any of these options in your IRA, please complete the **IRA Options Form**.

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
ACCOUNT OWNER

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

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 authenticated in Part 10.

PART 4
CONSENT FOR
ELECTRONIC
DELIVERY

Elect to receive your statements and other important documents online (**Corporate and Institutional accounts excluded**). 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
 Additional Fund Communications Tax Forms

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**PART 5
TELEPHONE AND
INTERNET CAPABILITIES**

Check the box below to add or remove telephone and internet capabilities to your account(s). **Internet option excluded for Corporate and Institutional accounts.**

Add Telephone and Internet Capabilities Remove Telephone and Internet Capabilities

**PART 6
AUTOMATIC
INVESTMENT
PLAN (AIP)**

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

Frequency: Monthly Quarterly Semi-annually Annually

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

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

Complete Part 9, Bank Information.

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

**PART 7
AUTOMATIC
WITHDRAWAL
PLAN (AWP)**

Establish automatic redemptions from your Fund account(s). A \$10,000 minimum account balance is required.

Frequency: Monthly Quarterly Semi-annually Annually

_____	_____	____/____/____	_____
<i>Fund</i>	<i>Amount (\$50 minimum)</i>	<i>Start Date</i>	<i>Day(s) of Month</i>
_____	_____	____/____/____	_____
<i>Fund</i>	<i>Amount (\$50 minimum)</i>	<i>Start Date</i>	<i>Day(s) of Month</i>
_____	_____	____/____/____	_____
<i>Fund</i>	<i>Amount (\$50 minimum)</i>	<i>Start Date</i>	<i>Day(s) of Month</i>
_____	_____	____/____/____	_____
<i>Fund</i>	<i>Amount (\$50 minimum)</i>	<i>Start Date</i>	<i>Day(s) of Month</i>
_____	_____	____/____/____	_____
<i>Fund</i>	<i>Amount (\$50 minimum)</i>	<i>Start Date</i>	<i>Day(s) of Month</i>

Check here if if you would like to add an additional automatic withdrawal plan.
(If you **do not** check this box, the previously established AWP will be deleted and replaced).

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**PART 7 (continued)
AUTOMATIC
WITHDRAWAL
PLAN (AWP)**

Specify payment method:

- Automatic deposit to my bank account. **A signature authentication is required if the bank information is new to this account. Complete Part 9, Bank Information.**
- Send check to address on account.

Important Information.

An AWP normally becomes active 15 days after this form is processed. If you are establishing an AWP and no start date is provided, the AWP will begin as soon as the option is established in accordance with the instructions provided. If no day or frequency is provided, redemptions will be made on or about the 5th business day of every month.

**PART 8
DISTRIBUTION
OPTIONS**

Indicate if you would like to change the distribution options on the account(s) listed on this form. Please check the appropriate boxes.

Income Dividends: Reinvest Cash

Capital Gains: Reinvest Cash

If any distributions are to be paid in cash, specify payment method:

- Deposit to my bank account. **A signature authentication is required if the bank information is new to this account. Complete Part 9 to add bank Information.**
- Send check to address on account.

**PART 9
BANK
INFORMATION**

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). **A signature authentication is required to establish a new, or alter an existing, bank on file for your account.** 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 to be linked to your Fund account.**

- Check here if this replaces existing bank information already on your account.

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 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 10
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.

The Funds, Dodge & Cox, DST Asset Manager Solutions, 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 to link to my bank account, I hereby authorize the Funds to initiate credits and/or debits to my account at the bank indicated in Part 9 and for the bank to credit or debit the same to such account.

➔ _____ ____/____/____
Signature of Owner/Trustee/Secretary/Officer/Partner *Date*

➔ _____ ____/____/____
Signature of Joint Owner, if any *Date*

(if applicable)

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.