

(Do not use for an IRA)

INSTRUCTIONS

Use this form to certify the list of individuals authorized to act on behalf of a corporation, organization, or partnership for account(s) in the Dodge & Cox Funds. This form can be completed only by the secretary or other designated officer. Completing and returning this form to Dodge & Cox Funds eliminates the need to provide a certified corporate/organization/partnership resolution with each written transaction request. Dodge & Cox Funds will keep this Resolution on file, where it will remain in full force and effect until a written revocation of the Resolution is delivered to Dodge & Cox Funds, and Dodge & Cox Funds has had a reasonable amount of time to act upon it.

**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

Account Number

Fund

Account Number

Fund

Account Number

Fund

Account Number

Fund

Account Number

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**PART 2
CERTIFICATION
BY OFFICER**

Provide the name of the corporation, organization, or partnership and the names, titles, and signatures of the authorized officers below. If you want to authorize more than four officers, write “see attached”, and attach a separate sheet with each officer’s name, title, and signature. If you have a separate Resolution which lists the authorized officers, provide the name of the corporation, organization, or partnership below and attach the Resolution to this form. If the authorized officer signing Part 5 is also listed below, Part 6 must be completed by a different authorized individual. This Resolution must be dated within six months of the date of receipt by Dodge & Cox Funds.

As an authorized officer of

Name of Corporation/Organization/Partnership

➡ I hereby certify that the officer(s) listed below:

Name _____
Title

Signature

Name _____
Title

Signature

Name _____
Title

Signature

Name _____
Title

Signature

are duly authorized by Resolution to act on behalf of the Corporation/Organization/Partnership specified above in connection with any Dodge & Cox Funds shares owned by this Corporation/Organization/Partnership. The above-named officer(s) are authorized to invest the assets of the Corporation/Organization/Partnership; to give instructions for the purchase, sale, exchange, or transfer of shares; and to execute and deliver any forms or instructions in connection with those shares.

The Corporation/Organization/Partnership listed above agrees to indemnify and hold Dodge & Cox, Dodge & Cox Funds, DST Asset Manager Solutions, Inc., and State Street Bank and Trust Company harmless from acting upon instructions believed by the Funds to have originated from the officer(s) named above. This Resolution is to remain in effect until revoked in writing by the officer(s) named above and delivered to Dodge & Cox Funds. The revocation will not effect any liability resulting from transactions initiated before Dodge & Cox Funds have had a reasonable amount of time to act upon the revocation.

I am authorized and directed to certify the above and that these provisions conform with the character of the Corporation/Organization/Partnership.

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**PART 6
SIGNATURE OF
OTHER AUTHORIZED
INDIVIDUAL**

If the individual signing Part 5 is listed as one of the officers authorized to act upon the Dodge & Cox Funds account(s), a second officer must sign here. If the individual certifying the Resolution is the sole officer and/or director of the Corporation/Organization/Partnership listed, a bank officer or a member firm of a domestic stock exchange must sign below. By signing this form the bank/stock exchange officer attests that the individual certifying this Resolution is the sole officer and/or director of the Corporation/Organization/Partnership.



Signature of Authorized Individual _____ *Date* ____/____/____

Name of Authorized Individual _____ *Telephone Number* () _____

Title _____ *Bank or Firm Name (if applicable)* _____