

# Indemnification Agreement for Power of Attorney (POA) Registration

## Mailing Address

Regular Mail:  
Dodge & Cox Funds  
P.O. Box 219502  
Kansas City, MO 64121-9502

Express, Certified, or Registered Mail:  
Dodge & Cox Funds  
801 Pennsylvania Ave  
Suite 219502  
Kansas City, MO 64105-1307

## Part 1 Current Shareholder Information

Prefix First Name Middle Initial Last Name  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Social Security Number Date of Birth

## Part 2 Accounts to Include (Please select one box)

**NOTE:** The appointment of an Attorney-in-Fact will apply to the shareholder's existing and open account(s) as indicated below. Any account(s) opened in the future will require submission of a new Power of Attorney form in order for an Attorney-in-Fact to be applied. In the case of a trust, the undersigned represents that the appointment of the Attorney-in-Fact is consistent with the terms of the trust. The Attorney-in-Fact applies only to the Shareholder named on Part 1 of this form. In the case of an account with multiple shareholders (such as a joint account), a separate Power of Attorney Form must be submitted for each shareholder (if applicable).

☐ Appoint an Attorney-in-Fact for **all** Dodge & Cox accounts currently owned by the account owner, either individually or jointly as identified using account owner's social security number, or a trust account where the account owner serves as a trustee.

OR

☐ Appoint an Attorney-in-Fact **only** for the following account(s):

Name/Account Registration

Fund Account Number

Name/Account Registration

Fund Account Number

## Part 3 USA Patriot Act (Acknowledgment of Attorney-in-Fact)

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.

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**Part 3**  
**USA Patriot Act**  
(Continued)



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

**Part 4**  
**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 transfer agent SS&C GIDS, Inc. (Transfer Agent), either orally or in writing in accordance with procedures established by the Transfer Agent, 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), its investment adviser, 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 the Transfer Agent and delivered to its main office at 801 Pennsylvania Ave, Suite 219502, Kansas City, MO 64105-1307. Such revocation shall not effect any liability in any way resulting from transactions initiated prior to the Transfer Agent 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 the Transfer Agent 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 the Transfer Agent has received written notice thereof addressed to the Transfer Agent and delivered to its main office at 801 Pennsylvania Ave, Suite 219502, Kansas City, MO 64105-1307.

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

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