



# NEW ACCOUNT APPLICATION

Please read carefully and complete both sides of this application. The minimum investment to open an account is \$5,000. Mail this application with a check payable to Sequoia Fund, Inc. If paying by wire, call the Fund's transfer agent at 1 (800) 686-6884 for instructions and to obtain an account number prior to sending funds. Use the separate IRA application for IRA accounts, which can be requested through the Fund's transfer agent or downloaded from [www.SequoiaFund.com](http://www.SequoiaFund.com).

**Important information about opening a new account:** To comply with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on the account: Full name, date of birth, Social Security Number, and permanent street address. Your application will be returned if any of this information is missing or if you deny a request for additional information. In the event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

## ACCOUNT REGISTRATION

Individual(s) **Owner:**

Name (First, Middle, Last)		Social Security #	DOB (M-D-YY)
<input type="checkbox"/> US Citizen or Resident	<input type="checkbox"/> Non-US Citizen*	Country of Citizenship if not US: _____	

\* Non-US Citizens must include Proof of Identity and IRS Form W-8 (download from irs.gov).

Joint Tenants **Joint Owner:**

(Joint tenancy with right of survivorship unless otherwise indicated)

Name (First, Middle, Last)		Social Security #	DOB (M-D-YY)
<input type="checkbox"/> US Citizen or Resident	<input type="checkbox"/> Non-US Citizen*	Country of Citizenship if not US: _____	

\* Non-US Citizens must include Proof of Identity and IRS Form W-8 (download from irs.gov).

Transfer on Death Beneficiary

If you reside in a State that has adopted the Uniform Transfer on Death Registration Act, you may designate a beneficiary who will automatically own the account assets upon your death, outside of probate or other court proceedings. The beneficiary has no rights to the account until after your death. If percentage of shares is not indicated or doesn't equal 100%, benefits will be paid in equal shares. Add sheet for additional primary beneficiaries or secondary beneficiaries.

**Primary:**

Name (First, Middle, Last)		Social Security #	DOB (M-D-YY)
Relationship		% of Shares	
Name (First, Middle, Last)		Social Security #	DOB (M-D-YY)
Relationship		% of Shares	
Custodian's Name (First, Middle, Last) (if beneficiary is a minor)		Custodian's Social Security #	Custodian's DOB (M-D-YY)

Gift/Transfer  
To Minor

Custodian's Name (First, Middle, Last)	Custodian's Social Security #	Custodian's DOB (M-D-YY)
Minor's Name (First, Middle, Last)	Minor's Social Security #	Minor's DOB (M-D-YY)

Corporations,  
Trusts, or  
other  
Fiduciaries

Include Articles of Incorporation/Formation/Organization, Trust Agreement, Partnership Agreement, or other official documents showing that each trustee, partner, or authorized person name below has been duly authorized to act in such capacity. **All entities must also complete the Entity Beneficial Owner form.**

**Registration Type**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> Trust/Estate  | <input type="checkbox"/> Omnibus Account (A "financial intermediary must complete a shareholder information agreement with the Fund.) |
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> S Corporation |   |

**Organization Description**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Tax Exempt                           | <input type="checkbox"/> Non-US Entity  | <input type="checkbox"/> State regulated bank |
| <input type="checkbox"/> Broker-dealer                        | <input type="checkbox"/> National bank  | <input type="checkbox"/> Mutual fund          |
| <input type="checkbox"/> Government agency or instrumentality | <input type="checkbox"/> Publicly traded on NASDAQ (except small-cap issues), NYSE or NYSE Arca | Ticker symbol: _____                          |

Corporation, Trust, or Entity Name	Tax ID or Social Security #	Date of Trust Instrument Formation (M-D-YY)
------------------------------------	-----------------------------	---

Name of Trustee or Person Authorized to act on behalf of this account (First, Middle, Last)	Social Security #	DOB (M-D-YY)
---	-------------------	--------------

Name of Trustee or Person Authorized to act on behalf of this account (First, Middle, Last)	Social Security #	DOB (M-D-YY)
---	-------------------	--------------

Contact  
Information

Mailing Address \_\_\_\_\_

City	State or Province	Zip or Postal Code	Country
------	-------------------	--------------------	---------

**Residency Address Information**

- Check here if your legal address is the same as your mailing address above.

Legal Address (cannot be a Post Office Box) \_\_\_\_\_

City	State or Province	Zip or Postal Code	Country
------	-------------------	--------------------	---------

Daytime Telephone	Evening Telephone	Email Address
-------------------	-------------------	---------------

Duplicate Statements

Please send a copy of my account statements to:

- Registered Broker-Dealer
- Financial Planner
- Interested Party
- Trust Administrator

Name (First, Last)

Mailing Address

City	State or Province	Zip or Postal Code	Country
------	-------------------	--------------------	---------

Distribution Option

Except as otherwise provided in the prospectus, distributions will be reinvested in Fund shares or paid in cash as indicated below:

- Reinvest dividends and capital gains in Fund shares
- Pay dividends and capital gains to me in cash
- Reinvest dividends in Fund shares and pay capital gains to me in cash
- Pay dividends to me in cash and reinvest capital gains in Fund shares

Cost Basis Calculation Method

The Emergency Economic Stabilization Act of 2008 requires mutual funds to provide cost basis reporting to their customers.

The Sequoia Fund has selected High Cost as the Fund's default method. Under the High Cost Method, the shares with the highest cost are redeemed first.

You may choose a cost method other than the Fund's default by making an election below. The elected method will be used for all accounts established by this application and any future accounts established. **If an election is not made the Fund default will be automatically assigned.** (Choose only one.)

- High Cost (Fund's default method) – Shares acquired with the highest cost per share are the first shares depleted.
- Average Cost – Values the cost of shares in an account by averaging the effect of all purchases made on or after January 1, 2012 in the account.
- First-In First-Out – Shares acquired first in the account are the first shares depleted.
- Last-In First-Out – Shares acquired last in the account are the first shares depleted.
- Low Cost – Shares acquired with the lowest cost per share are the first shares depleted.
- Loss/Gain Utilization – Depletes shares with losses before gains, consistent with the objective of minimizing taxes. For shares that yield a loss, shares owned one year or less (short-term shares) will be redeemed before shares owned more than one year (long-term shares). For gains, long-term shares will be redeemed before short-term shares. With favorable long-term gains rates, long-term gains are given priority over short-term gains to reduce the tax liability.
- Specific Share (Lot) Identification – The shareholder selects which lots to deplete at the time the redemption is requested. When choosing this method, please select a secondary method as an alternate in the event a specific lot for depletion is not provided:
  - First-In First-Out
  - Last-In First-Out
  - High Cost
  - Low Cost
  - Loss/Gain Utilization

Automatic Investment Plan

Check below to have funds withdrawn automatically from your bank account and invested in Fund Shares. The Automatic Investment Plan may be amended or terminated by the Fund upon 30 days' notice.

Please withdraw funds from my bank checking/savings account to purchase Fund shares as indicated below:

- 1<sup>st</sup> of the month
- 15<sup>th</sup> of the month
- Payment Amount \$ \_\_\_\_\_

Section continues on next page.

Please attach a VOIDED check from your checking account or a savings account deposit slip to ensure proper processing. Your bank must be a member of the Automated Clearing House (ACH).

Co-signer Authorization

Any co-signer of the check/savings account must authorize this service by signing below:

---

Co-Signer Name	Signature	Date (M-D-YY)
----------------	-----------	---------------

---

Telephone Options

I (we) hereby authorize and direct the agent to accept and act upon telephone/online instructions for purchases and redemptions involving the account with corresponding registration unless one or both of the following is/are attached:

**Telephone/Online Redemptions** (Maximum \$50,000 per day):

Proceeds will be mailed by check to the address of record or deposited via wire (may be subject to a fee) or ACH to your bank account (attach a VOIDED check). Certain shareholders such as corporations, trusts, and estates may be required to submit additional documents.

I do not authorize telephone/online redemptions.

**Telephone/Online Purchases** (Maximum \$100,000 per day):

Allows for the purchase of shares by phone. Funds will be automatically withdrawn from your bank account (attach a VOIDED check).

I do not authorize telephone/online redemptions.

---

Investment Instructions

The minimum investment to establish an account is \$5,000.

Payment by CHECK                       Payment by WIRE                      Payment Amount \$ \_\_\_\_\_

**Check Instructions:** Make check payable to "Sequoia Fund, Inc." Checks must be payable in U.S. dollars and must be drawn on a U.S. bank. Third party checks (i.e., any checks which are not made payable to the Fund or the Fund's transfer agent), credit cards, money orders, travelers checks, bearer securities, cashier's checks and cash will not be accepted.

**Wire Instructions:** If paying by wire, please call the Fund's transfer agent at 1-800-686-6884 for instructions and to obtain an account number prior to sending funds. Only bank to bank transfers are accepted. Western Union or other moneygrams are not accepted.

If making subsequent purchases by wire, please use the following instructions:

UMB Bank, N.A.  
ABA #101000695  
Credit to: Sequoia Fund, Inc.  
Account Number: 9871691772  
Further credit to: (Your Name & Account Number)

---

Mailing Addresses

Send completed application via regular mail to:

Sequoia Fund, Inc.  
c/o SS&C GIDS, Inc.  
P.O. Box 219477  
Kansas City, MO  
64105-1307

Send completed application via express delivery or registered certified mail to:

Sequoia Fund, Inc.  
c/o SS&C GIDS, Inc.  
801 Pennsylvania Ave, Ste. 219477  
Kansas City, MO  
64105-1307

---

Signatures

I have received and understand the prospectus of Sequoia Fund, Inc. (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the Prospectus. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to purchase Fund shares. The Fund, and its transfer agent, officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. I understand and agree that any telephone conversation with the Fund, its transfer agent and their affiliates may be recorded.

By completing the Automatic Investment Plan ("AIP") and/or Telephone Options sections, I authorize my bank to honor all entries to my bank account initiated through UMB Bank, N.A., on behalf of the Fund. The Fund will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the Prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them.

Under penalty of perjury, I certify that (1) the Social Security number or taxpayer identification number shown on this application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (including a U.S. resident alien).

If you are a non-US person please check here  and include the appropriate IRS form W-8 with this application (the appropriate W-8 form may be downloaded from <http://www.irs.gov>).

Notice to all shareholders:

A shareholder's property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

Attention Texas Residents:

Residents of the state of Texas may designate a representative for the purpose of receiving the abandoned property notices required by Texas law. The designated representative will not have any rights or access to the mutual fund shares in your account and will only receive notice if such shares are deemed abandoned. You may complete the Unclaimed Property Designation of Representative form which is available at <https://claimitexas.org/docs/98-1036.pdf> and send the completed form to us.

---

Signer Authorization

Date (M-D-YY)

---

Co-Signer Authorization

Date (M-D-YY)

SK 69900 0020 874645