




1. Instructions

Questions?

1-800-OAKMARK
(625-6275)

Hours:
Monday - Friday
8:00am - 6:00pm ET

Please complete this form online, then print, sign and mail it to us.

- Use this form to open a **new ESA** or add a new Oakmark Fund to your **existing ESA**.
- Before opening an account, please read the **Oakmark Privacy Policy, Prospectus and Summary Prospectus**.
- Make check payable to: **Oakmark Funds**
- The Funds will not accept third party or starter checks. A third party check is a check payable to a party other than the Oakmark Funds.
- The paperclip  indicates that additional documentation is required with this form.

Regular Mail:
Oakmark Funds
P.O. Box 219558
Kansas City, MO 64121-9558

For Overnight Delivery:
Oakmark Funds
330 West 9th Street
Kansas City, MO 64105-1514

You can also open your ESA online at
Oakmark.com

2. New Account or New Fund

Select one:

- I want to establish a new ESA. Complete **Sections 3-4**, skip **Section 5**, and complete **Sections 6-14**.
- I want to add a new Fund to my existing ESA. Skip **Sections 3-4** and complete **Sections 5-15**.

3. Student Information

Student's Name (First, Middle Initial, Last) Social Security Number Date of Birth (MM/DD/YYYY)

Street Address - We cannot open an account with a P.O. Box. See **Section 6** for Mailing Address

City State Zip Code

4. Responsible Individual (RI) Information

Complete this section only if the student is a minor under the laws of the student's state of residence. Until the student reaches the age of majority, the RI will exercise the powers and duties of the student.

Relationship: Father Mother Guardian (include proof of guardianship)

Name (First, Middle Initial, Last) Social Security Number Date of Birth (MM/DD/YYYY)

Check here if Street Address is the same as student's Street Address in **Section 3**.

Street Address - We cannot open an account with a P.O. Box. See **Section 6** for Mailing Address

City State Zip Code

5. Existing Account Information

Please see an account statement for this information.

Fund Name(s), Ticker(s) or Number(s)		
Account Number	Social Security Number	
Account Owner Name		

6. Contact Information

If the student is a minor, please enter RI contact information.

Primary Phone Number	Secondary Phone Number	Email Address
<input type="checkbox"/> Check here if Mailing Address is the same as Street Address above.		
Mailing Address - <i>P.O. Box is acceptable</i>		
City	State	Zip Code

7. Consent for e-Delivery

You **must** provide your email address in Section 6.

If you elect e-delivery, you will receive a notification to the email address provided in **Section 6** informing you when a document is available for viewing at **Oakmark.com**.

You may view, change or revoke your e-delivery preferences and the email address we have on file for you at any time by logging into Oakmark's online account access system at **Oakmark.com** and clicking E-delivery and Email Address under the Account Profile tab.

Document Types:

<input type="checkbox"/> Prospectus and Shareholder Reports	<input type="checkbox"/> Quarterly Statements	<input type="checkbox"/> Confirmations
<input type="checkbox"/> Proxy Materials	<input type="checkbox"/> Year-end Statements	<input type="checkbox"/> Tax Forms

8. Donor Information

Check here if the donor is the same as the RI listed in **Section 4** and skip this section.

Name (First, Middle Initial, Last)	Social Security Number	Date of Birth (MM/DD/YYYY)	
Street Address - <i>We cannot open an account with a P.O. Box. See Section 6 for Mailing Address</i>			
City	State	Zip Code	Primary Phone Number

9. Transaction Type

Select one:

- Annual Contribution for tax year 20 _____. If left blank, current year is assumed.
- Transfer of Assets. Complete and attach the **IRA & ESA Transfer/Direct Rollover of Assets Form**.
- Participant Rollover. Check enclosed for: _____

If you are transferring or rolling over an existing ESA, check the appropriate box below for the relationship of the student in **Section 3** to the student with the existing ESA. The person in **Section 3** is the:

- Same Person Sibling Child or stepchild
- Child of a sibling Decedent of child or stepchild Parent or stepparent
- Grandparent Spouse of one of the foregoing First cousin

10. Investment

Initial Minimum:
\$0

Fund Name	Initial Investment	Percent Must equal 100%
Oakmark Fund	_____	_____ %
Oakmark Select Fund	_____	_____ %
Oakmark Global Fund	_____	_____ %
Oakmark Global Select Fund	_____	_____ %
Oakmark International Fund	_____	_____ %
Oakmark International Small Cap Fund	_____	_____ %
Oakmark Equity and Income Fund	_____	_____ %
Oakmark Bond Fund	_____	_____ %
Oakmark Units of the Financial Square Treasury Solutions Fund	_____	_____ %
Total Investment:	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> %

Fees: The below fees will be automatically deducted from your initial investment. You may include your fee payment with your investment check or a separate check made payable to the Oakmark Funds.

One-Time Setup Fee: \$5.00 per Fund account
Annual Maintenance Fee: \$10.00 per Social Security Number

11. Designation of Beneficiary

To make additional beneficiary designations, please attach a separate sheet.

I hereby make the following designation of beneficiary in accordance with the **ESA Custodial Agreement and Disclosure Statement**. If there is no designated beneficiary living at the time any such payment becomes due, the payment shall be made to my estate, unless otherwise required under the laws of my state of residence.

Name (First, Middle Initial, Last)

Social Security Number

Relationship

Date of Birth (MM/DD/YYYY)

12. Bank Information *Optional*

You must attach an investment check or a voided check with pre-printed routing and account numbers.

This banking information will be added to all accounts under the SSN/TIN.

Complete this section if you would like to establish banking information and electronic transfers to and from your bank account. If you would like to add a bank account that is different from the bank account listed on your investment check, you must attach a voided check. We will not accept starter checks or mutual fund money market checks.

Select one:

Copy the information from my investment check.

Copy the information from my voided check.

Please see the additional requirements if you want to add bank information to your **existing account**:

- The Oakmark account owner must sign this form in **Section 14** and obtain a Medallion Signature Guarantee (MSG) stamp in **Section 15**.
- If there is no name in common between the Oakmark account owner and the bank account owners, the Oakmark account owner and all bank account owners must sign this form in **Section 14** and obtain a Medallion Signature Guarantee (MSG) stamp in **Section 15**.
- For minors, only the custodian or responsible individual is considered the Oakmark account owner.

Select one:

Add this new/additional bank information to my existing account(s).

Replace the existing bank information on my existing account(s).

13. Automatic Investment Plan (AIP) *Optional*

If you wish to establish more than one AIP, please complete the [Shareholder Services Form](#).

Complete this section and **Section 12** to add this option. AIP allows you to purchase shares into your account on a periodic basis automatically by electronic transfer from your bank account. Transactions will occur on the 15th of the month or the next business day, unless otherwise specified below. When choosing a month and date, please allow at least 10 business days from receipt of this form to set up the plan.

_____ Fund Name _____ Amount _____

Transaction should occur on the _____ day of the month.

All Months

or

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

14. Signature(s) *Required*

By signing this form I agree that:

I have received, read and agree to the ESA Custodial Agreement and Disclosure Statement and Oakmark Privacy Notice. I acknowledge receipt of the ESA Custodial Agreement and Disclosure Statement at least seven days before the date inscribed below and acknowledge that I have no further right of revocation.

If I have indicated a Participant Rollover above, I certify that: if the distribution is from another ESA, that I have not made another rollover within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this ESA; and that the Student identified in Section 3 is either the person for whose benefit the prior ESA was maintained or a member of such person's family (within the meaning of Internal Revenue Service Code Section 529(e)(2)). If this is an Annual Contribution ESA, I certify that the Student is less than 18 years old and that all contributions made on the Student's behalf to this or any other ESAs do not exceed \$2,000.00 in a single tax year. If this is a Transfer or Participant Rollover of an existing ESA, I certify that the Student is less than 30 years old and that the relationship indicated in Section 9 is correct, and that this relationship is either the person for whose benefit the prior ESA was maintained or a member of such person's family (within the meaning of Internal Revenue Service Code Section 529(e)(2)).

I accept full responsibility for complying with all IRS requirements with respect to my Oakmark Funds - UMB Bank, N.A. ESA, including, but not limited to, contribution limits, distributions and tax-filing and record keeping requirements. I understand that I am responsible for any tax consequences or penalties which may result from elections I make or any contributions or distributions which I initiate. I hereby indemnify the Oakmark Funds, Harris Associates L.P., the Oakmark Funds' transfer agent and UMB Bank, N.A. (the "Custodian"), and any affiliate and/or any of their directors, trustees, employees, and agents if I fail to meet any such IRS requirements. I certify that the information provided on this ESA Application is true and accurate. I acknowledge and understand that the beneficiary I have named may be changed or revoked at any time by filing a new designation in writing.

14. Signature(s) *Continued, Required*

I have received and read the Oakmark Funds' Prospectus and/or the Summary Prospectus for each of the Oakmark Funds (available at Oakmark.com) 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 authorize the Oakmark Funds, its affiliates and agents, to act on any instructions believed to be genuine for any services authorized on this form, including telephone options. By completing Section 12 I hereby authorize the Fund to initiate credits and/or debits to my account indicated in Section 12 and for the bank to honor all entries to my account. 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.

I agree that this ESA becomes effective only upon written acceptance by the Custodian and that such written acceptance will consist of a confirmation of transaction settlement. I agree that the Custodian may amend (add, delete or revise) any term of the Custodial Agreement at any time by notice to me and that my sole remedy if I disagree with the amendment is to transfer funds in the ESA account to another custodian. I agree that the Custodial Agreement is binding on me and on my successors in interest.

I represent that I have full authority and legal capacity to purchase Fund shares and establish and use any related privileges.

I understand that a \$10 annual maintenance fee (per Social Security Number) may be collected by redeeming sufficient shares from each Fund account balance. The schedule of custodian's fees may change from time to time.

I consent to the delivery of a single copy of each prospectus and annual and semi-annual report to me and all other shareholders who share my address. I understand that I may revoke my consent by calling the Oakmark Funds at 1-800-625-6275 or by writing to the address on this application. By supplying my banking information, I understand that telephone and internet transaction privileges will apply to my account, including electronic transfers to and from my bank account. I agree that the Funds, Harris Associates L.P., their transfer agent, or their respective agents, officers, trustees, directors or employees will not be liable for any loss, liability or expense for acting, or refusing to act, on any instructions, including any given under the telephone and internet transaction privileges, that are reasonably believed to be genuine, placing the risk of loss on me. See the discussion of these privileges in the Prospectus.

IMPORTANT INFORMATION ABOUT ESCHEAT LAWS

If no activity occurs in your account within the timeframe specified by the law in your state and/or if account statements mailed to you are returned as undeliverable during that timeframe, the ownership of your account may be transferred to your state. We strongly encourage all Oakmark shareholders to contact us via phone or log into your account online at least once each year to review your account information. It is also important to inform the Funds promptly of any significant events such as name or address changes.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION: Under penalty of perjury, I hereby certify that the Social Security or other Tax Identification Number (TIN) in Section 3 is correct, that I am a U.S. person (U.S. person includes a resident alien) and that I am NOT currently subject to IRS backup withholding (cross out "NOT" if you are currently subject to withholding). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please be advised that federal law requires all financial institutions, including mutual funds, to obtain, verify and record information that identifies each person who opens an account. What this means for you: In order to open an account, the Oakmark Funds will ask you to provide certain identifying information on this account application, including your full name, address, date of birth and Social Security Number or Taxpayer Identification Number. If you fail to provide the appropriate information, we may reject your application and all monies received to establish your account will be returned to you. As a result, it is very important that this application be filled out completely in order to establish an account. After your account is established, the Oakmark Funds are required to take steps to verify your identity. These actions may include checking your identifying information against various databases. If the Funds are unable to verify your identity from the information that you provide, you may be restricted from making future purchases for, or transfers of shares from, your account; or, your account may be closed and the redemption proceeds will be paid to you. You will receive the share price next calculated after the Oakmark Funds determine that they are unable to verify your identity; so, your redemption proceeds may be more or less than the amount you paid for your shares and the redemption may be a taxable transaction.

Receipt by the investor of the Oakmark Funds' confirmation statement shall indicate UMB Bank N.A.'s acceptance to act as custodian.

X _____
Signature of Student
(if student has reached the age of majority in his/her state of residence)

_____ Date

X _____
Signature of Donor

_____ Date

X _____
Signature

_____ Date

X _____
Signature

_____ Date

If Student is a minor under the laws of Student's state of residence, the Responsible Individual must also sign the Agreement here. Upon the Student reaching the age of majority in his or her state of residence, the Student or Responsible Individual may advise the Custodian in writing that the Student is assuming responsibility to exercise all powers and duties associated with the administration of the account. This request may require a medallion signature guarantee or additional supporting documentation. Absent of such written notice received in good order, the Custodian shall have no responsibility to acknowledge the Student's exercise of such powers and duties of administration.

X _____
Signature of Responsible Individual

_____ Date

15. Medallion Signature Guarantee *If required*

A STAMP2000 Medallion Signature Guarantee (MSG) is required if you are adding bank information to your **existing account**. You can obtain an MSG stamp from most commercial banks, trust companies, savings associations, credit unions and member firms of domestic stock exchanges. **A notary public cannot provide an MSG.**

MSG Stamp

MSG Stamp

MSG Stamp

MSG Stamp

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS