


## 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.**

- The paperclip image  indicates that additional documentation is required with this form.
- **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.

#### 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 account online at  
**Oakmark.com**

## 2. 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 4 for Mailing Address.*

\_\_\_\_\_  
City      State      Zip Code

## 3. 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 above.

\_\_\_\_\_  
Street Address - *We cannot open an account with a P.O. Box. See Section 4 for Mailing Address.*

\_\_\_\_\_  
City      State      Zip Code

## 4. Contact Information

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

\_\_\_\_\_  
Primary Phone Number      Secondary Phone Number      Email Address

Check here if Mailing Address is the same as Street Address in Section 3.

\_\_\_\_\_  
Mailing Address - *P.O. Box is acceptable*

\_\_\_\_\_  
City      State      Zip Code

## 5. Donor Information

Check here if the Donor is the same as the RI listed in [Section 3](#) and continue to [Section 6](#).

Name (First, Middle Initial, Last) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

## 6. Transaction Type

**Annual Contribution for tax year 20\_\_\_\_\_**. If left blank, current year is assumed. Contributions are limited to \$2,000.00 per year and typically must be made by April 15th of the following year.

**Transfer of Assets:** Transfer of existing ESA directly from current Custodian or Trustee to an Oakmark ESA. Complete and attach the [Coverdell Education Savings Account Transfer of Assets Form](#).

**Participant Rollover:** Check enclosed for: \_\_\_\_\_  
 "Participant Rollover" refers to receiving distribution assets from an existing ESA and investing those assets in an Oakmark ESA within 60 days. The requirements for a valid rollover are complex. Please see the [Coverdell Education Savings Account Disclosure Statement](#) for additional information and consult your tax advisor for help if needed.

If you are **transferring** or **rolling over** an existing ESA, check the appropriate box below for the relationship of the Student in [Section 2](#) to the Student with the existing ESA. The person in [Section 2](#) is the:

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

## 7. Investment

**Initial minimum:**  
\$500 per Fund

	Initial Investment	Percentage Must equal 100%
Oakmark Fund (OAKMX) (110):	_____	%
Oakmark Select Fund (OAKLX) (808):	_____	%
Oakmark Equity & Income Fund (OAKBX) (810):	_____	%
Oakmark Global Fund (OAKGX) (1674):	_____	%
Oakmark Global Select Fund (OAKWX) (2710):	_____	%
Oakmark International Fund (OAKIX) (109):	_____	%
Oakmark International Small Cap Fund (OAKEX) (811):	_____	%
<b>OAKMARK UNITS OF:</b>		
Financial Square Treasury Solutions Fund (FVAXX) (2713):	_____	%
<b>Total Investment*:</b>		%*

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

**One-Time Setup Fee:** \$5.00 per Fund account  
**Annual Maintenance Fee:** \$7.00 per Fund account, maximum of \$14.00 per Social Security Number

## 8. Consent for e-Delivery

You must provide your email address in Section 4.

If you elect e-delivery, you will receive a notification to the email address provided in Section 4 informing you when a document is available for viewing at [Oakmark.com](http://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](http://Oakmark.com) and clicking E-delivery and Email Address under the Account Profile tab.

### Document Types for e-Delivery:

- |   |   |  |
|---|---|--|
| <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     |

## 9. 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 [Coverdell Education Savings Account Disclosure Statement and Custodial Agreement](#):

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)

## 10. Bank Information *Optional*

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

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.

- Copy the information from my investment check.
- Copy the information from my voided check.

## 11. Automatic Investment Plan (AIP) *Optional*

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

Complete this section and Section 10 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, Ticker or Number

\_\_\_\_\_  
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

## 12. Signature(s) Required

**By signing this form I agree that:**

I have received, read and agree to the Oakmark Funds - UMB Bank, N.A. Coverdell Education Savings Account Disclosure Statement and Custodial Agreement (including the Custodian's annual maintenance fee) and Oakmark Privacy Notice. **I acknowledge receipt of the Coverdell Education Savings Account Disclosure Statement and Custodial Agreement 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 2 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 6 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.

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 10 I hereby authorize the Fund to initiate credits and/or debits to my account indicated in Section 10 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 \$7.00 annual maintenance fee may be collected by redeeming sufficient shares from each Fund account balance, up to \$14.00 per Social Security Number, if not prepaid by December 1 of each year that the account is open. The custodian may change the fee schedule 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 ESCHATE 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 2 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 of the Oakmark Funds' confirmation statement shall indicate UMB Bank, N.A.'s acceptance to act as Custodian.

\_\_\_\_\_  
Signature of Student (If Student has obtained the age of majority in his/her state of residence) Date

\_\_\_\_\_  
Signature of Donor 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.

\_\_\_\_\_  
Signature of Responsible Individual Date

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

## Oakmark Funds Privacy Notice

The Oakmark Funds consider the preservation of our shareholders' privacy a priority. In order to provide individualized service, we collect certain non-public personal information about our shareholders, such as your address, social security number, purchases, redemptions, account balances and bank account information. We collect this information from the following sources:

- Applications or other forms on which you provide non-public personal information;
- Shareholder communications effected by mail, email, the telephone and our website; and
- Shareholder transactions and account inquiries.

We also may obtain non-public personal information about our shareholders who maintain their accounts at financial intermediaries. We disclose the non-public personal information described above that we collect about any current or former shareholder only as permitted or required by law or as permitted by the shareholder pursuant to a written consent. Specifically, so that we can complete transactions you authorize or request, we may disclose non-public personal information to the following entities:

- Our financial service providers, such as our investment adviser, distributor, transfer agent and custodian;
- Our non-financial service providers that provide administrative, legal or accounting services, such as our printers and mailers who assist us in the distribution of investor materials or our lawyers and accountants; and
- Our affiliates.

**Information Shared.** The information we collect, as described above, may be shared with our affiliates in order to enhance customer communications, services and products. We do not sell any non-public personal information about shareholders or former shareholders to anyone and do not disclose it to any unaffiliated third parties except as permitted or required by law, or at the specific request of the shareholder. We may disclose some or all of the above information to affiliated and unaffiliated companies that perform certain administrative and marketing services (such as preparing and mailing prospectuses, reports and account statements, and providing custodial services) on the Funds' or a shareholder's behalf.

For further protection, we restrict access to shareholder non-public personal information to those employees who need to know that information to service your account. We maintain physical, electronic and procedural safeguards that comply with applicable federal and state standards to guard non-public personal information, and we monitor such measures. We also have adopted an "Identity Theft Prevention Program" with procedures and controls reasonably designed to ensure the protection and proper disposal of shareholder account information obtained by us. We also require our affiliates and service providers that maintain shareholders' non-public personal information to adopt and implement safeguards to protect that information. We will continue to adhere to these privacy policies and practices even after an account is closed or becomes inactive.

For questions about our policy, or for additional copies of this notice, please send us an email using the "[Contact Us](#)" link at Oakmark.com, write to us at P.O. Box 219558, Kansas City, MO 64121-9558, or call us at 1-800-OAKMARK (625-6275).

## Oakmark Units of the Goldman Sachs Financial Square Treasury Solutions Fund, Administration Shares, Privacy Notice

Harris Associates L.P. ("Harris") is the Administrator for the Oakmark Units of the Goldman Sachs Financial Square Treasury Solutions Fund, Administration Shares. Harris considers the protection of your non-public personal information a priority.

**Types of Information Gathered.** In order to provide you with individualized service, we collect certain non-public personal information about you from information you provide on applications and other forms (such as your address and social security number), and information about your transactions (such as purchases, redemptions and account balances). We may also collect such information through your account inquiries by mail, electronically or by telephone.

**Information Shared.** We do not disclose any non-public personal information about you, except as permitted by law. Specifically, so that we may continue to tailor our products and services to meet your investing needs and to effect transactions you request or authorize, we may disclose the information we collect, as described above, to companies that perform administrative or marketing services on our behalf, including financial service providers such as custodians, transfer agents and administrative and marketing service providers such as printers and mailers. These companies will use this information only for the services for which we hired them, and are not permitted to use or share this information for any other purpose. We may also share such information with affiliates in order to enhance customer communications, services and products.

**Policies and Procedures.** We restrict access to your non-public personal information to those employees who need to know that information to service your account. We also maintain physical, electronic and procedural safeguards that comply with applicable federal and state standards to protect your non-public personal information, and we monitor such measures. We have also adopted an "Identity Theft Prevention Program" with procedures and controls reasonably designed to ensure the protection and proper disposal of shareholder account information obtained by us. Notice of the terms of this policy is provided to new customers and to existing shareholders annually.

For questions about this policy, or for additional copies of this notice, please send us an email using the "[Contact Us](#)" link at Oakmark.com, write to us at P.O. Box 219558, Kansas City, MO 64121-9558, or call us at 1-800-OAKMARK (625-6275).