

## 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 specify which account owners are authorized signors for checks drawn on your Oakmark Units Financial Square Treasury Solutions Fund account.
- Checks must be payable in an amount of \$500.00 or more. Checks may be payable to the order of any person but they cannot be certified.
- Checkwriting privileges are only available for regular taxable accounts. They are not available for IRAs or CESAs.

**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

## 2. Existing Account Information

To update checkwriting privileges for another account number, please complete and attach an additional form.

Treasury Solutions Fund (2713) Account Number	Social Security Number
Account Registration	
Primary Phone Number	Email Address

## 3. Checkwriting Privileges Authorization

 Checks can be re-ordered at [Oakmark.com](http://Oakmark.com)

**Check one box:**

- All account owners are required to sign checks.
- Only one account owner is required to sign checks.
- Only the following account owners are required to sign checks: \_\_\_\_\_
- Please send checks starting with check number: \_\_\_\_\_

## 4. Account Owner Signature(s) *Required*

The payment of funds is authorized by the signature(s) appearing below. By signing this form, I understand that all checks will require all account owner signatures unless otherwise specified above. I understand that if only one person signs a check, all other account owners have authorized that signature on this form. Each account owner guarantees the genuineness of all other account owners' signatures. I acknowledge that I am subject to the rules and regulations of UMB Bank, N.A. ("the Bank") as they currently exist and as they may be amended from time to time. I designate the Bank as my representative to present checks drawn on this account to the Funds or their transfer agent and to redeem units of the Fund in the amounts of such checks.

**Sign below exactly as your name(s) appear in Section 2. All owners, including joint owners and trustees, excluding minors must sign. Include legal title if signing for a Corporation, Trust, Custodian Account, etc.**

Signature	Title (if applicable)	Date
Signature	Title (if applicable)	Date
Signature	Title (if applicable)	Date
Signature	Title (if applicable)	Date

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS