

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 IRA account** or add a new Oakmark Fund to your **existing IRA account**.
- 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 IRA online at
Oakmark.com

2. New Account or New Fund

Select one:

- I want to establish a new IRA account. Complete **Sections 3-5**, skip **Section 6**, and complete **Sections 7-15**.
- I want to add a new Fund to my existing IRA account. Skip **Sections 3-5** and complete **Sections 6-16**.

3. New Account Registration

Owner'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 7** for Mailing Address

City State Zip Code

4. Parent/Guardian Information *If IRA owner is a minor*

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

Relationship: Father Mother Guardian (include proof of guardianship)

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

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

Street Address - We cannot open an account with a P.O. Box.

City State Zip Code

5. Employer Information *SIMPLE IRAs only*

_____ Employer Name (First, Middle Initial, Last)		_____ Tax Identification Number
_____ Mailing Address		
_____ City	_____ State	_____ Zip Code
_____ Contact Name	_____ Primary Phone Number	_____ Email Address

6. 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	

7. Contact Information

If the applicant is a minor, please enter Parent/Guardian 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

8. Consent for e-Delivery

You **must** provide your email address in [Section 7](#).

If you elect e-delivery, you will receive a notification to the email address provided in [Section 7](#) 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

9. IRA Election

Please select only one type of IRA: Traditional, Roth, SEP or SIMPLE.

There are tax implications to this choice. Please consult IRS Publication 590 and consult a tax advisor, if needed. If you would like to open more than one type of IRA, please fill out an additional IRA Application.

Transaction Types:

- Transfer of Assets refers to moving assets from your existing IRA custodian directly to an Oakmark IRA.
- Direct Rollover refers to moving assets directly from a qualified retirement plan to an Oakmark IRA.
- Participant Rollover refers to receiving qualifying distribution assets from an employer retirement plan or 403(b), 457 plan, or IRA and investing those assets in an Oakmark IRA within 60 days.

If you are age 72 or older, you are required to take your required minimum distribution before rolling over or converting your Traditional or SEP IRA assets.

Traditional IRA

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](#).
- Direct Rollover. Complete and attach the [IRA & ESA Transfer/Direct Rollover of Assets Form](#).
- Participant Rollover. Check enclosed for: _____
- Inherited IRA. Please select one option below and provide the account owner's date of death: _____
MM/DD/YYYY
 - I am the surviving spouse. Register the IRA in my name.
 - I am the surviving spouse. Register the IRA as a Decedent (DCD) IRA.
 - I am a non-spousal beneficiary. IRA will be registered as a Decedent (DCD) IRA.
- Recharacterization of Roth IRA:
 - If the IRA is held with Oakmark, complete and attach the [IRA Distribution Form](#).
 - If the IRA is held with another custodian, complete and attach the [IRA & ESA Transfer/Direct Rollover of Assets Form](#).

Roth IRA


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](#).
- Direct Rollover. Complete and attach the [IRA & ESA Transfer/Direct Rollover of Assets Form](#).
- Participant Rollover. Check enclosed for: _____
- Inherited IRA. Please select one option below and provide the account owner's date of death: _____
MM/DD/YYYY
 - I am the surviving spouse. Register the IRA in my name.
 - I am the surviving spouse. Register the IRA as a Decedent (DCD) IRA.
 - I am a non-spousal beneficiary. IRA will be registered as a Decedent (DCD) IRA.
- Conversion or recharacterization of Traditional IRA:
 - If the IRA is held with Oakmark, complete and attach the [Roth Conversion or IRA Distribution Form](#).
 - If the IRA is held with another custodian, complete and attach the [IRA & ESA Transfer/Direct Rollover of Assets Form](#).

9. IRA Election *continued*

SEP IRA

Select one:

- Annual Contribution. According to IRS instructions, SEP Contributions will be coded for the year they are invested. Please refer to Box 8 of IRS Form 5498.
- Transfer of Assets.  Complete and attach the **IRA & ESA Transfer/Direct Rollover of Assets Form**.
- Participant Rollover. Check enclosed for: _____

SIMPLE IRA

Select one:

- Annual Contribution. According to IRS instructions, SIMPLE IRA contributions will be coded for the year they are invested. Please refer to Box 9 of IRS Form 5498.
- Transfer of Assets. Date of initial contribution: _____. Complete and attach the **IRA & ESA Transfer/Direct Rollover of Assets Form**. MM/DD/YYYY
- Participant Rollover. Date of initial contribution: _____. Check enclosed for: _____ MM/DD/YYYY

This Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) IRA is not with a Designated Financial Institution (non-DFI).

10. Investment

IRA 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: \$15.00 per Social Security Number

Traditional and Roth IRAs

Minimum Amounts:

Investor: \$0
 Advisor: \$100,000
 Instl: \$250,000
 R6: \$1,000,000
 Oakmark Units: \$0

*Distributions will be reinvested in additional Fund shares unless you check the box(es) to receive a cash distribution.

Fund Name	Share Class	Initial Investment	Percent Must equal 100%	Cash Distribution*
Oakmark Fund	_____	_____	_____ %	<input type="checkbox"/>
Oakmark Select Fund	_____	_____	_____ %	<input type="checkbox"/>
Oakmark Global Fund	_____	_____	_____ %	<input type="checkbox"/>
Oakmark Global Select Fund	_____	_____	_____ %	<input type="checkbox"/>
Oakmark International Fund	_____	_____	_____ %	<input type="checkbox"/>
Oakmark International Small Cap Fund	_____	_____	_____ %	<input type="checkbox"/>
Oakmark Equity and Income Fund	_____	_____	_____ %	<input type="checkbox"/>
Oakmark Bond Fund	_____	_____	_____ %	<input type="checkbox"/>
Oakmark Units of the Financial Square Treasury Solutions Fund	_____	_____	_____ %	<input type="checkbox"/>
		Total Investment:	<input type="text"/>	<input type="text"/> %

10. Investment *continued*

SEP and SIMPLE IRAs

Fund Name	Share Class	Employee Deferral	Percent Must equal 100%	Employer Contribution	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 type="text"/>	<input type="text"/> %	<input type="text"/>

Distributions will be automatically reinvested in additional shares of your Fund(s). To establish cash distributions, please attach instructions.

11. Spousal Consent

Your Designation of Beneficiary in **Section 12** may have important tax or estate planning effects. If you are married and reside in a community property or marital property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), you may need to obtain your spouse's consent if you are not designating your spouse as primary beneficiary for at least half of the assets in your account(s). Consult your lawyer or other tax professional for additional information and advice.

I am the spouse of the above-named account owner. I hereby consent to the beneficiary designation(s) indicated on this form.

X

Signature of IRA Owner's Spouse

Name

Date

X

Signature of Witness

Name

Date

12. Designation of Beneficiary

If you have an existing IRA and you complete this section, these designations will supersede the existing beneficiary designations on your IRA account.

If your beneficiary is a trust or other entity, please list the entity name on the Name line and the Tax Identification Number on the Social Security Number line.

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

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

Primary Beneficiary(ies)

Select one:

- Per capita. A beneficiary's share will be divided among the remaining beneficiaries in the event he/she pre-deceases you.
- Per stirpes. A beneficiary's heirs will receive his/her share of the distribution in the event he/she pre-deceases you.

Beneficiary 1:

Name (First, Middle Initial, Last) _____ Social Security Number _____ %
Percent

Relationship _____ Date of Birth (MM/DD/YYYY)

Beneficiary 2:

Name (First, Middle Initial, Last) _____ Social Security Number _____ %
Percent

Relationship _____ Date of Birth (MM/DD/YYYY)

%
Total
must equal 100%

Contingent Beneficiary(ies)

If none of the primary beneficiaries survive me and there is no per stirpes designation, the IRA assets will pass to the contingent beneficiary (if any) named below. If no inheritance selection is made, the per capita method will be utilized.

Select one:

- Per capita. A beneficiary's share will be divided among the remaining beneficiaries in the event he/she pre-deceases you.
- Per stirpes. A beneficiary's heirs will receive his/her share of the distribution in the event he/she pre-deceases you.

Contingent Beneficiary 1:

Name (First, Middle Initial, Last) _____ Social Security Number _____ %
Percent

Relationship _____ Date of Birth (MM/DD/YYYY)

Contingent Beneficiary 2:

Name (First, Middle Initial, Last) _____ Social Security Number _____ %
Percent

Relationship _____ Date of Birth (MM/DD/YYYY)

%
Total
must equal 100%

13. 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 15** and obtain a Medallion Signature Guarantee (MSG) stamp in **Section 16**.
- 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 15** and obtain a Medallion Signature Guarantee (MSG) stamp in **Section 16**.
- 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).

14. 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 13** 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	Share Class	Amount
-----------	-------------	--------

Transaction should occur on the _____ day of the month.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All Months	or	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

15. Signature(s) *Required*

By signing this form I agree that:
I have received, read and agree to the Custodial Agreement and Disclosure Statement and Oakmark Privacy Notice. **I acknowledge receipt of the 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 IRA, 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 IRA; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules.

I accept full responsibility for complying with all IRS requirements with respect to my Oakmark Funds - UMB Bank, N.A. IRA, including, but not limited to, contribution limits, conversions, distributions, recharacterizations, minimum required 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, conversions, distributions or recharacterizations 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 IRA Application is true and accurate. I acknowledge and understand that the beneficiary(ies) I have named may be changed or revoked at any time by filing a new designation in writing.

15. Signature(s) Required, Continued

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 13** I hereby authorize the Fund to initiate credits and/or debits to my account indicated in **Section 13** 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 IRA 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 IRA 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 \$15 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 Date

 X _____
Signature Date

 X _____
Signature Date

If the applicant is a minor under the laws of the applicant's state of residence, a parent or guardian must also sign.

 X _____
Signature of Parent or Guardian Date

16. 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