

## 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 designate or change beneficiaries on a Traditional, Roth, SEP or SIMPLE IRA or a Coverdell Education Savings Account (ESA).
- The designation of beneficiary(ies) on this form will supercede all previous beneficiary designations.
- Do not use this form to designate or change TOD beneficiaries on an individual or joint account. Use the [Transfer on Death \(TOD\) 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

## 2. Existing Account Information

Please see an account statement for this information.

If you wish to update beneficiary information for more than one account, please list all account numbers.

\_\_\_\_\_

Fund Name(s), Ticker(s), or Number(s)

\_\_\_\_\_

Account Number(s)

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Account Owner's Name (First, Middle Initial, Last)

## 3. Contact Information

\_\_\_\_\_

Primary Phone Number

\_\_\_\_\_

Secondary Phone Number

\_\_\_\_\_

Email Address

## 4. Designation of Beneficiary

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 list all requested information on a separate sheet and attach it to this form.

I hereby make the following designation of beneficiary in accordance with the [IRA Disclosure Statement and Custodial Agreement](#) or the [Coverdell Education Savings Account Disclosure Statement and Custodial Agreement](#).

Make payment in the proportions specified below. If any primary beneficiaries predecease me, his or her share is to be divided among the primary beneficiaries who survive me in the relative proportions assigned to each such surviving primary beneficiary. 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.

### Primary Beneficiary(ies)

#### Beneficiary 1:

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

#### Beneficiary 2:

_____	_____	_____ %
Name (First, Middle Initial, Last)	Social Security Number	Percentage
_____	_____	
Relationship	Date of Birth (MM/DD/YYYY)	
		_____ %
		<b>Total</b>
		must equal 100%

### Secondary Beneficiary(ies)

If none of the primary beneficiaries survive me, the IRA or ESA assets will pass to the secondary beneficiaries (if any) named below.

#### Secondary Beneficiary 1:

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

#### Secondary Beneficiary 2:

_____	_____	_____ %
Name (First, Middle Initial, Last)	Social Security Number	Percentage
_____	_____	
Relationship	Date of Birth (MM/DD/YYYY)	
		_____ %
		<b>Total</b>
		must equal 100%

## 5. Spousal Consent

Your Designation of Beneficiary in [Section 4](#) 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 have not designated 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 above.

\_\_\_\_\_  
Signature of IRA Owner's Spouse

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## 6. Account Owner Signature *Required*

I have read and understand the terms under the IRA Custodial Agreement or Coverdell Education Savings Account Custodial Agreement and hereby instruct the Oakmark Funds, its affiliates and agents, to designate the above-named beneficiary(ies) on the IRA or ESA account(s) listed above.

I understand that the terms, provisions and limitations of the IRA Custodial Agreement or Coverdell Education Savings Account Custodial Agreement, as amended from time to time, are controlling over these General Provisions and shall always govern all rights of myself, my beneficiaries and all persons claiming on behalf of my beneficiaries.

I agree to indemnify the Oakmark Funds, Harris Associates L.P., their transfer agent, or their respective agents, officers, trustees, directors or employees against any loss, claim or expense (including reasonable attorney's fees) to the extent that any transfer effected pursuant to these instructions is alleged or found for any reason to have been invalid or ineffective.

Neither the Oakmark Funds, Harris Associates L.P., their transfer agent, nor their respective agents shall be responsible to a designated beneficiary for distributions paid after the owner's death but before the transfer of such shares to the designated beneficiary. Account owners, especially residents of a community property state, should be advised to consult their attorney or tax adviser to obtain advice regarding the tax and legal consequences of their beneficiary designation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS