

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 supersede all previous beneficiary designations.
- Do not use this form to designate or change 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
801 Pennsylvania Ave
Suite 219558
Kansas City, MO 64105-1307

2. Existing Account Information

Please see an account statement for this information.

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 Name(s)/Account Registration

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 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.

Make payment in the proportions specified below. 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 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%

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.

X _____
Signature of IRA Owner's Spouse Name Date

X _____
Signature of Witness 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.

X _____
Signature Date

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS