

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.

- Please use this form to update the **Control Individual** or **Beneficial Owner(s)** of a legal entity.
- The paperclip image  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

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute these crimes.

What information do I have to provide?

This form requires you to provide the name, address, date of birth, and Social Security number* for the following individuals:

(i) An individual ("**Control Individual**") with significant responsibility for managing the legal entity customer (*e.g.*, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); **and**

(ii) Each individual ("**Beneficial Owner**"), if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity (*e.g.*, each natural person that owns 25 percent or more of the shares of a corporation).

* For a foreign person without an SSN or ITIN, attach a copy of your passport and provide the Passport Number and County of Issuance. In lieu of a passport, foreign persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

2. Existing Account Information

Please see an account statement for this information.

Account Number

Tax Identification Number

Account Registration

3. Account Information

If the Control Individual or any Beneficial Owners are not U.S. citizens, see footnote in Section 1 for required documentary evidence.

Control Individual Information:

A **Control Individual** is defined as an individual with significant responsibility for managing the legal entity (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

Control Individual Name (First, Middle Initial, Last) Title

Date of Birth (MM/DD/YYYY) Social Security Number U.S. Citizen Resident Alien Non-Resident Alien

Street Address (Residential or Business)

City State Zip Code

Beneficial Owner(s) Information:

A **Beneficial Owner** is defined as an individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity (e.g., each natural person that owns 25 percent or more of the shares of a corporation).

Beneficial Owner Name (First, Middle Initial, Last) Ownership Percentage %

Date of Birth (MM/DD/YYYY) Social Security Number U.S. Citizen Resident Alien Non-Resident Alien

Street Address (Residential or Business)

City State Zip Code

Beneficial Owner Name (First, Middle Initial, Last) Ownership Percentage %

Date of Birth (MM/DD/YYYY) Social Security Number U.S. Citizen Resident Alien Non-Resident Alien

Street Address (Residential or Business)

City State Zip Code

Beneficial Owner Name (First, Middle Initial, Last) Ownership Percentage %

Date of Birth (MM/DD/YYYY) Social Security Number U.S. Citizen Resident Alien Non-Resident Alien

Street Address (Residential or Business)

City State Zip Code

3. Account Information *continued*

_____		_____ %
Beneficial Owner Name (First, Middle Initial, Last)		Ownership Percentage
_____	_____	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien
Date of Birth (MM/DD/YYYY)	Social Security Number	

Street Address (Residential or Business)		
_____	_____	_____
City	State	Zip Code

4. Signature(s) *Required*

I certify that the information provided on this application is true and accurate.

_____	_____	_____	_____
Signature	Name (First, Middle Initial, Last)	Title	Date
_____	_____	_____	_____
Signature	Name (First, Middle Initial, Last)	Title	Date
_____	_____	_____	_____
Signature	Name (First, Middle Initial, Last)	Title	Date
_____	_____	_____	_____
Signature	Name (First, Middle Initial, Last)	Title	Date

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS