

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 if you are opening a new account on behalf of a **legal entity**, which includes a corporation, limited liability company, general partnership, and any similar business entity.
- 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

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.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

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. Account Information

You must attach organization documents and evidence of authority to act, e.g. officers' resolution.

A. Type of Account

Select one:

- | | |
|--|---|
| <input type="radio"/> Corporation | <input type="radio"/> Estate |
| <input type="radio"/> S Corporation | <input type="radio"/> Trust (not a personal trust) |
| <input type="radio"/> Limited Liability Company | <input type="radio"/> Pension Plan |
| <input type="radio"/> Partnership | <input type="radio"/> 401(k) or other retirement plan |
| <input type="radio"/> Foundation or other entity | <input type="radio"/> Other _____ |

B. Entity Information

Name of Entity

Entity Tax Identification Number _____
Date of Agreement (if applicable)

C. 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

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

Street Address (Residential or Business)

City _____
State _____
Zip Code

D. 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

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

Street Address (Residential or Business)

City _____
State _____
Zip Code

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

2. Account Information *Continued*

D. Beneficial Owner(s) Information

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

Social Security Number _____ Date of Birth (MM/DD/YYYY) _____

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 _____

Social Security Number _____ Date of Birth (MM/DD/YYYY) _____

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 _____

Social Security Number _____ Date of Birth (MM/DD/YYYY) _____

U.S. Citizen Resident Alien Non-Resident Alien

Street Address (Residential or Business) _____

City _____ State _____ Zip Code _____

3. Contact Information

Primary Phone Number	Secondary Phone Number	Email Address
Entity Street Address - <i>We cannot open an account with a P.O. Box. See below for Mailing Address</i>		
City	State	Zip Code
<input type="checkbox"/> Check here if Mailing Address is the same as Entity address above.		
Entity Mailing Address - <i>P.O. Box is acceptable</i>		
City	State	Zip Code

4. Investment

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:				

5. Cost Basis

To establish a different cost basis method for each Fund, please attach a letter of instruction signed by all account owners.

Your cost basis election will be used for calculating the gain or loss on the sale of shares. If no election is made, the Average Cost method will be applied to your account.

Select one:

Average Cost
 High Cost First Out (HIFO)
 Low Cost First Out (LOFO)

First In First Out (FIFO)
 Last In First Out (LIFO)
 Loss/Gain Utilization (LGUT)

Specific Lot Identification (SLID) and secondary method:* _____

*You must choose a secondary method which will be used if the lots chosen for redemption, exchange or transfer are no longer available. Average Cost is not a valid secondary method. If no secondary method election is made, Oakmark will apply the Average Cost method as your primary cost basis method.

9. Signature(s) Required

By signing this form:

I certify that the information provided on this application is true and accurate. I represent that I have full authority and legal capacity to purchase Fund shares and establish and use any related privileges.

I have received, read and agree to the Oakmark Privacy Notice and 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 7** I hereby authorize the Fund to initiate credits and/or debits to my account indicated in **Section 7** 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.

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.

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.

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 2 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.

Signature, Name and Title of Natural Person(s) opening account:

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

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS