


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.
- The paperclip image  indicates that additional documentation is required with this form.
- **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.

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.

Type of Account:

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

Name of Entity

Entity Tax Identification Number

Date of Agreement (if applicable)

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

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*

Beneficial Owner(s) Information:

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

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

Street Address (Residential or Business)

_____ State _____ Zip Code
City

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

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

Street Address (Residential or Business)

_____ State _____ Zip Code
City

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

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

Street Address (Residential or Business)

_____ State _____ Zip Code
City

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: \$1,000 Advisor: \$100,000 Institutional: \$1,000,000 Money Market: \$1,000 The minimum amount for Investor class shares is \$500 if Automatic Investment Plan is elected in Section 8 .				
	Share Class	Initial Investment	Percentage <small>Must equal 100%</small>	Cash Distribution Option*
	Oakmark Fund		%	<input type="checkbox"/>
	Oakmark Select Fund		%	<input type="checkbox"/>
	Oakmark Equity & Income 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 UNITS OF:			
	Financial Square Treasury Solutions Fund		%	<input type="checkbox"/>
	Total Investment:		%	

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

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 sales of shares acquired on or after January 1, 2012. If no election is made, Oakmark will apply the Average Cost default method to your account.

Check one box:

- | | |
|--|---|
| <input type="checkbox"/> Average Cost | <input type="checkbox"/> High Cost First Out (HIFO) |
| <input type="checkbox"/> First in First Out (FIFO) | <input type="checkbox"/> Low Cost First Out (LOFO) |
| <input type="checkbox"/> Last in First Out (LIFO) | <input type="checkbox"/> Loss/Gain Utilization (LGUT) |
| <input type="checkbox"/> 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 default method as your primary cost basis method.

6. Consent for e-Delivery

You must provide your email address in [Section 3](#).

If you elect e-delivery, you will receive a notification to the email address provided in [Section 3](#) 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 for e-Delivery:

- | | | |
|---|---|--|
| <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 |

7. Bank Information *Optional*

You must attach an investment check or a voided check with pre-printed routing and account numbers.

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.

- Copy the information from my investment check.
- Copy the information from my voided check.

8. 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 7](#) 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
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Transaction should occur on the _____ day of the month.

All Months or Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

9. Signature(s) Required

By signing this form I agree that:

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.

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 ESCHATEL 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:

_____ 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

Oakmark Funds Privacy Notice

The Oakmark Funds consider the preservation of our shareholders' privacy a priority. In order to provide individualized service, we collect certain non-public personal information about our shareholders, such as your address, social security number, purchases, redemptions, account balances and bank account information. We collect this information from the following sources:

- Applications or other forms on which you provide non-public personal information;
- Shareholder communications effected by mail, email, the telephone and our website; and
- Shareholder transactions and account inquiries.

We also may obtain non-public personal information about our shareholders who maintain their accounts at financial intermediaries. We disclose the non-public personal information described above that we collect about any current or former shareholder only as permitted or required by law or as permitted by the shareholder pursuant to a written consent. Specifically, so that we can complete transactions you authorize or request, we may disclose non-public personal information to the following entities:

- Our financial service providers, such as our investment adviser, distributor, transfer agent and custodian;
- Our non-financial service providers that provide administrative, legal or accounting services, such as our printers and mailers who assist us in the distribution of investor materials or our lawyers and accountants; and
- Our affiliates.

Information Shared. The information we collect, as described above, may be shared with our affiliates in order to enhance customer communications, services and products. We do not sell any non-public personal information about shareholders or former shareholders to anyone and do not disclose it to any unaffiliated third parties except as permitted or required by law, or at the specific request of the shareholder. We may disclose some or all of the above information to affiliated and unaffiliated companies that perform certain administrative and marketing services (such as preparing and mailing prospectuses, reports and account statements, and providing custodial services) on the Funds' or a shareholder's behalf.

For further protection, we restrict access to shareholder non-public personal information to those employees who need to know that information to service your account. We maintain physical, electronic and procedural safeguards that comply with applicable federal and state standards to guard non-public personal information, and we monitor such measures. We also have adopted an "Identity Theft Prevention Program" with procedures and controls reasonably designed to ensure the protection and proper disposal of shareholder account information obtained by us. We also require our affiliates and service providers that maintain shareholders' non-public personal information to adopt and implement safeguards to protect that information. We will continue to adhere to these privacy policies and practices even after an account is closed or becomes inactive.

For questions about our policy, or for additional copies of this notice, please send us an email using the "[Contact Us](#)" link at Oakmark.com, write to us at P.O. Box 219558, Kansas City, MO 64121-9558, or call us at 1-800-OAKMARK (625-6275).

Oakmark Units of the Goldman Sachs Financial Square Treasury Solutions Fund, Administration Shares, Privacy Notice

Harris Associates L.P. ("Harris") is the Administrator for the Oakmark Units of the Goldman Sachs Financial Square Treasury Solutions Fund, Administration Shares. Harris considers the protection of your non-public personal information a priority.

Types of Information Gathered. In order to provide you with individualized service, we collect certain non-public personal information about you from information you provide on applications and other forms (such as your address and social security number), and information about your transactions (such as purchases, redemptions and account balances). We may also collect such information through your account inquiries by mail, electronically or by telephone.

Information Shared. We do not disclose any non-public personal information about you, except as permitted by law. Specifically, so that we may continue to tailor our products and services to meet your investing needs and to effect transactions you request or authorize, we may disclose the information we collect, as described above, to companies that perform administrative or marketing services on our behalf, including financial service providers such as custodians, transfer agents and administrative, marketing service providers such as printers and mailers and legal or accounting service providers, such as law or auditing firms. These companies will use this information only for the services for which we hired them, and are not permitted to use or share this information for any other purpose. We may also share such information with affiliates in order to enhance customer communications, services and products.

Policies and Procedures. We restrict access to your non-public personal information to those employees who need to know that information to service your account. We also maintain physical, electronic and procedural safeguards that comply with applicable federal and state standards to protect your non-public personal information, and we monitor such measures. We have also adopted an "Identity Theft Prevention Program" with procedures and controls reasonably designed to ensure the protection and proper disposal of shareholder account information obtained by us.

For questions about our policy, or for additional copies of this notice, please send us an email using the "[Contact Us](#)" link at Oakmark.com, write to us at P.O. Box 219558, Kansas City, MO 64121-9558, or call us at 1-800-OAKMARK (625-6275).