


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 open a **new account** or add a new Oakmark Fund to your **existing account**.
- Before opening an account, please read the **Oakmark Privacy Policy, Prospectus and Summary Prospectus**.
- Do not use this application to open an IRA account. Please use the **IRA Application & Adoption Agreement**.
- 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


You can also open your account
online at Oakmark.com

2. New Account or New Fund

Select one:

- I want to establish a new account. Complete **Section 3**, skip **Section 4**, and complete **Sections 5-12**.
- I want to add a new Fund to my existing account. Skip **Section 3** and complete **Sections 4-13**.

3. New Account Type *Select one*

 Please attach the **Transfer on Death (TOD) Form** if you wish to designate TOD beneficiaries on an individual or joint account.

Individual

Primary Owner's Name (First, Middle Initial, Last) Social Security Number Date of Birth (MM/DD/YYYY)

Joint

Account will be registered as "Joint Tenants With Rights of Survivorship" unless you specify a different type of joint registration, e.g. Tenants in Common.

Joint Account Registration Type: _____

Primary Owner's Name (First, Middle Initial, Last) Social Security Number Date of Birth (MM/DD/YYYY)


Joint Owner's Name (First, Middle Initial, Last) Social Security Number Date of Birth (MM/DD/YYYY)

3. New Account Type *Continued, Select one*

Gift/Transfer to Minor Act (UGMA/UTMA)

Custodian's Name (First, Middle Initial, Last) Social Security Number Date of Birth (MM/DD/YYYY)

Minor's Name (First, Middle Initial, Last) Social Security Number Date of Birth (MM/DD/YYYY)

 You **must** attach a copy of the title and signature pages of the trust agreement and include documentation that identifies who is authorized to act on behalf of the trust.

Trust

Trustee's Name (First, Middle Initial, Last) Trustee's Name (First, Middle Initial, Last)

Trustee's Name (First, Middle Initial, Last) Trustee's Name (First, Middle Initial, Last)

Trust Name

Date of Trust Agreement Tax Identification Number

4. Existing Account Information

Please see an account statement for this information.

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

Account Number Social Security Number

Account Owner Name(s)/Account Registration

5. Street Address

Primary Owner's Street Address - *We cannot open an account with a P.O. Box. See Section 6 for Mailing Address*

City State Zip Code

Joint Owner's or Minor's Street Address - *Required if different from Primary Owner's Street Address*

City State Zip Code

6. Contact Information

Primary Phone Number	Secondary Phone Number	Email Address
<input type="checkbox"/> Check here if Mailing Address is the same as Primary Owner's Street Address above.		
Mailing Address - <i>P.O. Box is acceptable</i>		
City	State	Zip Code

7. 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:			<input style="width: 100px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> %	

8. Cost Basis

Your cost basis election will apply to all new and existing Funds.

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. Consent for e-Delivery

You **must** provide your email address in [Section 6](#).

If you elect e-delivery, you will receive a notification to the email address provided in [Section 6](#) 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:

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

10. Bank Information *Optional*

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

This banking information will be added to all accounts under the SSN/TIN.

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.

Select one:

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

Please see the additional requirements if you want to add bank information to your **existing account**:

- All Oakmark account owners must sign this form in [Section 12](#) and obtain a Medallion Signature Guarantee (MSG) stamp in [Section 13](#).
- If there is no name in common between the Oakmark account owners and the bank account owners, ALL Oakmark account owners and bank account owners must sign this form in [Section 12](#) and obtain a Medallion Signature Guarantee (MSG) stamp in [Section 13](#).
- For custodial accounts, including UGMA/UTMA and ESAs, only the custodian or responsible individual is considered the Oakmark account owner.

Select one:

- Add this new/additional bank information to my existing account(s).
- Replace the existing bank information on my existing account(s).

11. 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 10](#) 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

Transaction should occur on the _____ day of the month.

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

12. 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 10** I hereby authorize the Fund to initiate credits and/or debits to my bank account 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 3 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.

Sign below exactly as your name(s) appear in **Sections 3 or 4**.

All owners, including joint owners and trustees, excluding minors must sign.

X _____ Signature	_____ Title (if applicable)	_____ Date
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X _____ Signature	_____ Title (if applicable)	_____ Date
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X _____ Signature	_____ Title (if applicable)	_____ Date
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X _____ Signature	_____ Title (if applicable)	_____ Date
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13. Medallion Signature Guarantee *If required*

A STAMP2000 Medallion Signature Guarantee (MSG) is required if you are adding bank information to your existing account. You can obtain an MSG stamp from most commercial banks, trust companies, savings associations, credit unions and member firms of domestic stock exchanges. **A notary public cannot provide an MSG.**

MSG Stamp

MSG Stamp

MSG Stamp

MSG Stamp

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS