

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 add a person, known as the attorney-in-fact or agent, to your account. The attorney-in-fact will have power of attorney (POA) authorization and will have the ability to act on the account.
- If the account owner(s) is incapacitated and unable to sign this form, the attorney-in-fact must obtain a STAMP2000 Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) stamp and sign in capacity as attorney-in-fact.
- Do not use this form to designate or change IRA, ESA or TOD beneficiaries. Use the [IRA/ESA Beneficiary Designation Form](#) or the [Transfer on Death \(TOD\) 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

2. Existing Account Information

Please see an account statement for this information. If you wish to add the attorney-in-fact information to more than one account, please list all account numbers.

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

Account Number(s)

Social Security Number/Tax Identification Number

Account Registration

3. Contact Information

Primary Phone Number

Secondary Phone Number

Email Address

4. Power of Attorney Authorization

I, _____, do hereby make, constitute and appoint
Name(s) of Account Owner(s)

Name of Attorney-In-Fact / Agent

as my true and lawful attorney or agent ("Agent") and in my name, place and stead authorize him/her to:

- 1) transmit to the Oakmark Funds ("Oakmark") and its transfer agent, either orally or in writing in accordance with procedures established by Oakmark's transfer agent from time to time, instructions for the purchase, sale, exchange or transfer of shares with respect to any account(s) I may hold with Oakmark;
- 2) make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment of checks drawn on any of my accounts with Oakmark; and
- 3) enter into all other lawful transactions with respect to any of my Oakmark account(s).

I hereby agree to indemnify and hold harmless Oakmark, Harris Associates L.P., Oakmark's transfer agent and UMB Bank, N.A. ("Custodian"), and any affiliate and/or any of their directors, trustees, employees and agents, from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to my Oakmark account(s).

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successes, beneficiaries or assigns until revoked by the undersigned by a written notice addressed to Oakmark's transfer agent and delivered to its main office, such revocation shall not affect any liability in any way resulting from transactions initiated prior to Oakmark's transfer agent acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and Oakmark, Oakmark's transfer agent and the Custodian shall not be responsible for any action taken on the basis of this authorization until Oakmark's transfer agent has received written notice thereof addressed to Oakmark's transfer agent and delivered to its main office.

5. Attorney-In-Fact Information

The attorney-in-fact is the person to whom you wish to grant power of attorney over your account.

Name of Attorney-In-Fact or Agent (First, Middle Initial, Last)

Social Security Number

Date of Birth (MM/DD/YYYY)

Primary Phone Number

Secondary Phone Number

Email Address

Street Address - *P.O. Box not permitted*

City

State

Zip Code

Check here if Mailing Address is the same as Street Address.

Mailing Address - *P.O. Box is acceptable*

City

State

Zip Code

6. Affidavit of Attorney-In-Fact *Required. To be completed by Attorney-In-Fact.*

On this _____ day of _____, 20____. I, _____
Name of Attorney-In-Fact / Agent

of the state of _____ and the county of _____

being sworn, hereby state that _____, as principal,
Name(s) of Account Owner(s)

who resides at _____

did appoint me his/her/their trust and lawful attorney by the authorization in **Section 4**. I further certify, under penalty of perjury, that the personal information I have provided in **Section 5** is true and accurate.

X _____
Signature of Attorney-In-Fact or Agent Capacity

7. Notarization of Attorney-In-Fact Signature *Required. To be completed by Notary Public.*

On this _____ day of _____, 20____

before me personally appeared _____
Name of Attorney-In-Fact / Agent

known to me to be the person(s) described in the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed.

X _____
Signature of Notary Public

Commission Expiration Date

Notary Stamp or Seal

8. Signature Guarantee of Attorney-In-Fact *If Required*

A STAMP2000 Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) stamp is required if the account owner(s) is incapacitated and unable to sign this form. You can obtain an MSG or SVP 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 or SVP stamp.

MSG or SVP Stamp

9. Account Owner Signature(s) Required

The undersigned has read the foregoing in its entirety before signing.

X _____
Signature Date

X _____
Signature Date

10. Notarization of Account Owner Signature(s) Required. To be completed by Notary Public.

On this _____ day of _____, 20 _____

before me personally appeared _____
Name(s) of Account Owner(s)

known to me to be the person(s) described in the foregoing instrument, and acknowledged that he/she/they executed the same as his/her/their free act and deed.

X _____
Signature of Notary Public

Commission Expiration Date

Notary Stamp or Seal

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS