

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.
- 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](#).
- 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.

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, _____,
Name(s) of Account Owner(s)

hereby appoint _____
Name of Attorney-In-Fact / Agent

as my attorney-in-fact or agent and authorize him/her to transmit to you, the Oakmark Funds ("Oakmark"), and/or the Oakmark Funds' transfer agent, Boston Financial Data Services, Inc. ("Boston Financial"), either orally, electronically or in writing, in accordance with procedures established by Boston Financial from time to time, instructions for the purchase, sale, exchange or transfer of shares or all other lawful transactions with respect to my Oakmark account(s) referenced above that are maintained by Boston Financial. Boston Financial may treat the above named agent as authorized to act for me on my behalf in the same manner and with the same force and effect as I could with respect to such purchases, sales, exchanges, or transfers of shares.

I agree to indemnify and hold harmless Oakmark, Harris Associates L.P., Boston Financial and UMB Bank, N.A. (the "Custodian"), and any affiliate and/or any of their directors, trustees, employees, and agents from acting upon instructions 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 my heirs, executors, successors, beneficiaries, or assigns until the power of attorney is revoked by me by a written notice addressed, delivered and received by Oakmark or Boston Financial at P.O. Box 219558, Kansas City, MO, 64121-9558. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to Oakmark's or Boston Financial's receipt of such revocation. This power of attorney shall not be affected by my subsequent death, disability or incapacity, and Oakmark and Boston Financial shall not be responsible for any action taken on the basis of this authorization.

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.

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.

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.

Place MSG or SVP Stamp Here

9. Account Owner Signature(s) Required

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

Signature Date

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.

Signature of Notary Public

Commission Expiration Date

Notary Stamp or Seal

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS