


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 convert your existing Oakmark Traditional IRA assets to a new or existing Oakmark Roth IRA.
- Do not use this form to convert Traditional IRA or retirement plan assets with another custodian or trustee to an Oakmark Roth IRA. Use the [IRA Transfer/Direct Rollover of Assets Form](#).
- The paperclip image  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

2. Existing Account Information

Please see an account statement for this information.

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

Account Number

Social Security Number

Date of Birth (MM/DD/YYYY)

Account Owner's Name (First, Middle Initial, Last)

3. Contact Information

Primary Phone Number

Secondary Phone Number

Email Address

4. Roth IRA Conversion Options

Conversion minimum

for new Roth IRA:

Investor: \$1,000

Advisor: \$100,000

Institutional: \$1,000,000

Money Market: \$1,000

Check one box:

- Convert 100% of all Funds under my existing Oakmark Traditional IRA account number: _____ to a new Oakmark Roth Converted IRA with the same Funds.
- Convert my existing Oakmark Traditional IRA account number: _____ to a new Oakmark Roth Converted IRA as indicated below.
- Convert my existing Oakmark Traditional IRA account number: _____ to my existing Oakmark Roth Converted IRA account number: _____ as indicated below.

Specify Oakmark Fund Name(s), Ticker(s) or Number(s):

Traditional IRA Fund Name	Roth IRA Fund Name	Dollar Amount or Percent	
From: _____	To: _____	_____	%
From: _____	To: _____	_____	%
From: _____	To: _____	_____	%
From: _____	To: _____	_____	%
From: _____	To: _____	_____	%
From: _____	To: _____	_____	%
		Total:	<input type="text"/> %

4. Roth IRA Conversion Options *continued*

Fees: If you are converting assets to a new Fund, the below fees will be automatically deducted from your initial investment. You may include your fee payment with this form. Make the check payable to the Oakmark Funds.

One-Time Setup Fee: \$5.00 per Fund account
Annual Maintenance Fee: \$10.00 per Fund account, maximum of \$20.00 per Social Security Number

5. Income Tax Withholding

Consult your accountant or tax adviser for detailed information applicable to your unique situation.

This conversion may be fully or partially taxable and will be treated as subject to withholding. **If you do not make an election below, we are required to withhold 10% from the amount converted for payment of federal taxes.** The 10% withholding will not be part of the amount converted. The taxable portion of the amount withheld may be subject to the 10% penalty tax for early withdrawals and is taxable income. If you elect not to have withholding apply, you will still be liable to pay federal income tax on the taxable portion of the conversion and may be required to pay estimated taxes. You may incur penalties if your withholding and estimated tax payments are not sufficient. If applicable, we will also withhold your required state tax if you have elected to have federal taxes withheld.

Check one box:

- Do not withhold taxes.
 Withhold taxes at the rate of _____ %

6. Bank Information

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

We will transfer your existing Oakmark Traditional IRA bank information to your Oakmark Roth Converted IRA. Complete this section if you would like to establish or update banking information. We will not accept starter checks or mutual fund money market checks.

The Oakmark account owners' names must be IDENTICAL to the bank account owners' names (first, middle initial and last). If the account owners' names are not identical (e.g. Oakmark IRA account and joint bank account), ALL Oakmark account owners must sign this form in [Section 9](#) and obtain a signature guarantee stamp in [Section 10](#) to authorize adding this bank information.

There must also be ONE name in common between the Oakmark account owners' names and the bank account owners' names. If there is no name in common, ALL Oakmark account owners and ALL bank account owners must sign this form in [Section 9](#) and obtain a signature guarantee stamp in [Section 10](#) to authorize adding this bank information.

Please note that this banking information will be added to all accounts under the SSN/TIN.

Check one box:

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

7. Designation of Beneficiary

If your beneficiary is a trust or other entity, please list the entity name on the Name line and the Tax Identification Number on the Social Security Number line.

To make additional beneficiary designations, please attach a separate sheet.

We will transfer your existing Oakmark Traditional IRA beneficiary(s) to your Oakmark Roth Converted IRA, unless you designate otherwise below. I hereby make the following designation of beneficiary in accordance with the [IRA Disclosure Statement and Custodial Agreement](#). Make payment in the proportions specified below. If any primary beneficiary predeceases me, his share is to be divided among the primary beneficiaries who survive me in the relative proportions assigned to each such surviving primary beneficiary. If there is no designated beneficiary living at the time any such payment becomes due, the payment shall be made to my estate, unless otherwise required under the laws of my state of residence.

Primary Beneficiary(ies)

Beneficiary 1:

_____	_____	_____ %
Name (First, Middle Initial, Last)	Social Security Number	Percentage
_____	_____	
Relationship	Date of Birth (MM/DD/YYYY)	

7. Designation of Beneficiary *continued*

Primary Beneficiary(ies) *continued*

Beneficiary 2:

_____	_____	_____ %
Name (First, Middle Initial, Last)	Social Security Number	Percentage
_____	_____	_____ %
Relationship	Date of Birth (MM/DD/YYYY)	
		Total
		must total 100%

Contingent Beneficiary(ies)

If none of the primary beneficiaries survive me, the IRA assets will pass to the contingent beneficiary (if any) named below.

Contingent Beneficiary 1:

_____	_____	_____ %
Name (First, Middle Initial, Last)	Social Security Number	Percentage
_____	_____	
Relationship	Date of Birth (MM/DD/YYYY)	

Contingent Beneficiary 2:

_____	_____	_____ %
Name (First, Middle Initial, Last)	Social Security Number	Percentage
_____	_____	
Relationship	Date of Birth (MM/DD/YYYY)	
		Total
		must total 100%

8. Spousal Consent

Your Designation of Beneficiary in [Section 7](#) may have important tax or estate planning effects. If you are married and reside in a community property or marital property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), you may need to obtain your spouse's consent if you have not designated your spouse as primary beneficiary for at least half of the assets in your account(s). Consult your lawyer or other tax professional for additional information and advice.

I am the spouse of the above-named account owner. I hereby consent to the beneficiary designation(s) indicated above.

_____	_____	_____
Signature of IRA Owner's Spouse	Name	Date
_____	_____	_____
Signature of Witness	Name	Date

9. Signature(s) Required

By signing this form I agree that I have received, read and agree to the Oakmark Funds - UMB Bank, N.A. Individual Retirement Account Disclosure Statement and Custodial Agreement (including the Custodian's annual maintenance fee) and Oakmark Privacy Notice. **I acknowledge receipt of the IRA Disclosure Statement and Custodial Agreement at least seven days before the date inscribed below and acknowledge that I have no further right of revocation.** I accept full responsibility for complying with all IRS requirements with respect to my Oakmark Funds - UMB Bank, N.A. IRA, including, but not limited to, contribution limits, conversions, distributions, recharacterizations, minimum required distributions, and tax-filing and record keeping requirements. I understand that I am responsible for any tax consequences or penalties which may result from elections I make or any contributions, conversions, distributions or recharacterizations which I initiate. I hereby indemnify the Oakmark Funds, Harris Associates L.P., the Oakmark Funds' transfer agent and UMB Bank, N.A. (the "Custodian"), and any affiliate and/or any of their directors, trustees, employees, and agents if I fail to meet any such IRS requirements. I certify that the information provided on this IRA Application is true and accurate. I acknowledge and understand that the beneficiary(ies) I have named may be changed or revoked at any time by filing a new designation in writing.

I 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 6](#) I hereby authorize the Fund to initiate credits and/or debits to my account indicated in [Section 6](#) 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.

9. Signature(s) *continued Required*

I agree that this IRA becomes effective only upon written acceptance by the Custodian and that such written acceptance will consist of a confirmation of transaction settlement. I agree that the Custodian may amend (add, delete or revise) any term of the Custodial Agreement at any time by notice to me and that my sole remedy if I disagree with the amendment is to transfer funds in the IRA account to another custodian. I agree that the Custodial Agreement is binding on me and on my successors in interest. I represent that I have full authority and legal capacity to purchase Fund shares and establish and use any related privileges.

I understand that a \$10.00 annual maintenance fee may be collected by redeeming sufficient shares from each Fund account balance, up to \$20.00 per Social Security Number, if not prepaid by December 1 of each year that the account is open. The custodian may change the fee schedule from time-to-time. 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 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.

Receipt by the investor of the Oakmark Funds confirmation statement shall indicate UMB Bank, N.A.'s acceptance to act as custodian.

Signature	Date	Signature	Date
Signature	Date	Signature	Date

10. Signature Guarantee

A STAMP2000 Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) stamp is required if you are adding or changing bank information and the Oakmark and bank account owners' names do not match exactly or there is no name in common. 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	Place MSG or SVP Stamp Here
Place MSG or SVP Stamp Here	Place MSG or SVP Stamp Here

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS