


## 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 change ownership of your existing Oakmark account or to transfer a portion of your Oakmark account to a new owner.
- Before opening an account, please read the [Oakmark Privacy Policy, Prospectus and Summary Prospectus](#).
- Do not use this form if you are requesting full and immediate payment due to death. Use the [Redemption Request Form](#).
- Do not use this form for an IRA account. Use the [IRA Distribution Form](#).
- 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  
801 Pennsylvania Ave  
Suite 219558  
Kansas City, MO 64105-1307

Below are some examples of registration changes and instructions:

#### A. Transfer from an Individual Account to a Joint Tenant Account or from a Joint Tenant Account to an Individual Account

- 1) The current account owner(s) must complete [Sections 2-6](#), sign in [Section 7](#) and obtain a Medallion Signature Guarantee (MSG) stamp in [Section 8](#).
- 2) If the transfer is to a new joint tenant or individual account, the new account owner(s) must complete [Sections 9-17](#).

#### B. Transfer from an Individual or Joint Tenant Account to a Trust Account

- 1) If the current account owner name(s) is identical to the trustee name(s) and the Social Security Number (SSN) is identical to the trust Tax Identification Number (TIN), the current account owner(s) must complete [Sections 2-6](#) and sign in [Section 7](#).
- 2) If the names and/or SSN/TIN are not identical, the current account owner(s) must complete [Sections 2-6](#), sign in [Section 7](#) and obtain an MSG stamp in [Section 8](#).
- 3) If the transfer is to a new trust account, the trustee(s) must complete [Sections 9-17](#). Please refer to the paperclip that indicates additional documentation is required.

#### C. Transfer from an Individual, Joint Tenant or TOD Account due to Death

- 1) If mandated by the state, the executor or new account owner must provide an inheritance tax waiver.
- 2) If it is a joint tenant account and one owner is deceased, the surviving joint owner must complete [Sections 2-6](#), sign in [Section 7](#) and obtain an MSG stamp in [Section 8](#).
- 3) If it is an individual or joint tenant account and all owners are deceased, the executor must complete [Sections 2-6](#), sign and indicate capacity in [Section 7](#) and obtain an MSG stamp in [Section 8](#).
- 4) If it is a Transfer on Death (TOD) account and the owner(s) are deceased, each TOD beneficiary must complete a separate form, complete [Sections 2-6](#), sign in [Section 7](#) and obtain an MSG stamp in [Section 8](#).
- 5) If the transfer is to a new individual account, the new account owner must complete [Sections 9-17](#). Please refer to the paperclip that indicates additional documentation is required.
- 6) If the transfer is to a new trust account, the trustee must complete [Sections 2-6](#), sign and indicate capacity in [Section 7](#), obtain an MSG stamp in [Section 8](#) and complete [Sections 9-17](#). Please refer to the paperclip that indicates additional documentation is required.

#### D. Transfer from an UTMA/UGMA Account to an Individual Account (minor has reached the age of majority)

- 1) The custodian or former minor must complete [Sections 2-6](#), sign in [Section 7](#) and obtain a notary stamp in [Section 8](#).
- 2) The former minor must complete [Sections 9-17](#).

#### E. Change UGMA/UTMA Custodian

- 1) The current and new custodians must complete [Sections 2-6](#), sign in [Section 7](#) and obtain a notary stamp in [Section 8](#).
- 2) The new custodian must complete [Sections 9-17](#).
- 3) If the current custodian is unable to sign (e.g., due to death, incapacity or resignation), the new custodian must also provide:
  - a. A certified copy of the court order appointing the successor custodian.
  - b. Or, if the minor is age 14 or over, provide a certified copy of the minor's birth certificate. The minor must also sign in [Section 7](#) and obtain a notary stamp in [Section 8](#).

## 2. Existing Account Information

Please see an account statement for this information.

To transfer from another account, please complete and attach an additional form.

Account Number

Social Security Number/Tax Identification Number

Account Owner Name(s)/Account Registration

## 3. Contact Information

Primary Phone Number

Secondary Phone Number

Email Address

## 4. Transfer Type

### A. Reason for Transfer

To ensure accurate cost basis reporting, indicate the reason for the transfer and, if necessary, provide details. If no reason is provided, the transfer will be processed as a gift.

Select one:

☐

Re-registration. Go to [Section 5](#).

☐

Death (inheritance). Date of death: \_\_\_\_\_  
MM/DD/YYYY

- For Transfer on Death (TOD) accounts, go to [Section 4B](#).

- For Joint Tenant accounts, indicate if you are the spouse. ☐ I am the spouse. Go to [Section 5](#).

☐

Gift. Date of gift: \_\_\_\_\_ If no date is provided, the date of receipt will be used. Go to [Section 4C](#).  
MM/DD/YYYY

### B. Transfer on Death (TOD) Account. Affidavit for Non-probate Transfer of Shares

As duly designated TOD beneficiary of \_\_\_\_\_, whose  
Name of Account Owner

date of death was \_\_\_\_\_, I am requesting transfer of ownership of the shares to which I am entitled.  
MM/DD/YYYY

Also provide below the names and dates of any TOD beneficiaries that you know are deceased and whose date of death preceded the death of the account owner:

Name of TOD Beneficiary

Date of Death (MM/DD/YYYY)

Name of TOD Beneficiary

Date of Death (MM/DD/YYYY)

4. Transfer Type *Continued*

C. Gift of Shares. Fair Market Value Acceptance

If you are the recipient of gifted shares and wish to elect Average Cost as your cost basis method, the Internal Revenue Service requires that you provide acceptance of fair market value (FMV). Fair market value acceptance will only apply if the shares being transferred have depreciated in value since the original purchase date. For additional information, please consult a tax advisor or accountant.

Select one:

- ☐ I do not accept the fair market value of the gifted shares. If this option is chosen or a signature is not provided below, it will be deemed that the fair market value has not been accepted and a new account with a default method of First In, First Out will be established, unless an alternate cost basis method is chosen in [Section 13](#).
- ☐ I accept the fair market value of the gifted shares as of the gift date referenced above so that I may utilize the Average Cost method. In accepting the fair market value for the shares transferred, I understand there may be potential negative tax implications and I have been advised to consult a tax advisor or accountant.

**X** \_\_\_\_\_  
Signature(s) of New Account Owner(s)

5. Transfer Instructions

A. Transfer to Account

Select one:

- ☐ Transfer to an existing account: \_\_\_\_\_
- ☐ Transfer to a new account. Complete [Sections 9-17](#).

B. Transfer Amount

Select one:

- ☐ Transfer all shares.
- ☐ Transfer the following Funds in the amounts listed below:

Fund Name	Share Class	Transfer Amount	Dollars, Shares or Percent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Cost Basis

Non-covered shares (shares purchased prior to 1/1/2012) will be depleted first for the transfer, and upon depletion of non-covered shares, the remaining shares will be depleted using the cost basis method currently on your account.

If you wish to override your current method for this transaction only, please indicate the method below.

Select one:

- ☐ First In First Out (FIFO)
- ☐ High Cost First Out (HIFO)
- ☐ Last In First Out (LIFO)
- ☐ Loss/Gain Utilization (LGUT)
- ☐ Low Cost First Out (LOFO)
- ☐ Specific Lot Identification (SLID)

If this is a partial transfer and your current cost basis method is Specific Lot Identification (SLID) or you are overriding to SLID, please provide the Fund, purchase date and number of shares to indicate the specific lots you wish to use for this transfer.

Fund Name	Share Class	Date of Purchase (MM/DD/YYYY)	Number of Shares

7. Account Owner Signature(s) Required

I authorize the Oakmark Funds, its affiliates and agents, to act on any instructions believed to be genuine for any transactions or services authorized on this form.

I agree that the Oakmark Funds, Harris Associates L.P., their transfer agent, and 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 that are reasonably believed to be genuine, placing the risk of loss on me. I hereby indemnify the Oakmark Funds, Harris Associates L.P., the Oakmark Funds' transfer agent and any affiliate and any of their respective directors, trustees, employees, and agents for following the instructions on this form.

If this is a TOD account and I am a listed beneficiary, I affirm that there are no known disputes or competing claims that would affect the transfer of ownership I have requested. In consideration for processing this request, I agree to indemnify the Oakmark Funds, Harris Associates L.P., their transfer agent, and their respective agents, officers, trustees, directors or employees with respect to any direct liabilities, losses, or reasonable expenses arising from compliance with this request.

If this is an UGMA/UTMA account and I am the former minor, by signing below, I certify under penalties of perjury that: (a) I am the beneficial owner of the assets contained in the account(s) listed on this form; (b) I have attained the legal age required by the laws of the state under which the assets were gifted or transferred to me; (c) No designation was made by the donor that requires termination of custodianship for my assets be delayed until I reach a later age; (d) I have not already received equivalent gifts or transfers of money from the custodian that would reduce the value of the assets due to me in the custodial account(s); (e) I am not aware of any competing claims from the custodian or a successor custodian that would prevent me from receiving the assets in the custodial account(s).

Sign below exactly as your name appears in **Section 2**. If acting in a special capacity, such as trustee, custodian, beneficiary or executor, the capacity must be indicated after your signature.

<b>X</b> Signature	Printed Name	Title or Capacity (if applicable)	Date
<b>X</b> Signature	Printed Name	Title or Capacity (if applicable)	Date
<b>X</b> Signature	Printed Name	Title or Capacity (if applicable)	Date
<b>X</b> Signature	Printed Name	Title or Capacity (if applicable)	Date

8. Signature Guarantee If required

A STAMP2000 Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) stamp is required if you are changing the account owner(s) or the account type. A notary stamp is required for an UGMA/UTMA registration change. You can obtain a medallion signature guarantee 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.**

MSG, SVP or Notary Stamp	MSG, SVP or Notary Stamp
MSG, SVP or Notary Stamp	MSG, SVP or Notary Stamp

## 9. 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)

### ☐ 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

You **must** attach a copy of the letters of administration, letters of testamentary or court appointment.

### ☐ Estate

Executor Name (First, Middle Initial, Last)

Estate Tax Identification Number

Estate Name

### ☐ Entity/Other

If you are establishing an entity account, please do not complete the remaining sections of this form. Please complete and attach the **New Account Registration for Legal Entities**.

## 10. Street Address

Primary Owner's Street Address - We cannot open an account with a P.O. Box. See [Section 11](#) 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

## 11. Contact Information

Primary Phone Number Secondary Phone Number Email Address

☐ Check here if Mailing Address is the same as Primary Owner's Street Address above.

Mailing Address - P.O. Box is acceptable

City State Zip Code

## 12. Investment

### Minimum Amounts:

Investor: \$0

Advisor: \$100,000

Instl: \$250,000

R6: \$1,000,000

Financial Sq: \$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"/>
GS Financial Square Treasury Solutions Fund, Admin			%	<input type="checkbox"/>
		<b>Total Investment:</b>	<input type="text"/>	<input type="text"/> %

### 13. Cost Basis

To establish a different cost basis method for each Fund, please attach instructions.

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.

### 14. Consent for e-Delivery

You **must** provide your email address in [Section 11](#).


If you elect e-delivery, you will receive a notification to the email address provided in [Section 11](#) 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:

- ☐ Prospectus and Shareholder Reports      ☐ Quarterly Statements      ☐ Confirmations  
☐ Proxy Materials      ☐ Year-end Statements      ☐ Tax Forms

### 15. Bank Information *Optional*

 You **must** attach 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. We will not accept starter checks or mutual fund money market checks.

- ☐ Copy the information from my voided check.

### 16. 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 15](#) 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

## 17. 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 15** I hereby authorize the Fund to initiate credits and/or debits to my account indicated in **Section 15** 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 ESCHATE 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 9 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 **Section 9**.

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

<b>X</b> _____ Signature	_____ Title (if applicable)	_____ Date
<b>X</b> _____ Signature	_____ Title (if applicable)	_____ Date
<b>X</b> _____ Signature	_____ Title (if applicable)	_____ Date
<b>X</b> _____ Signature	_____ Title (if applicable)	_____ Date

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS