Important Information about Procedures for Opening a New Account

Please be advised that new 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 the 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 the 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 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.

The Oakmark Funds Privacy Notice

The Oakmark Funds considers the preservation of our shareholders' privacy a priority. In order to provide individualized service, we collect certain non-public personal information about our shareholders, such as your address, social security number, purchases, sales, account balances and bank account information. We collect this information from the following sources:

- Applications or other forms on which you provide information;
- Mail, e-mail, the telephone and our website; and
- Shareholder transactions and account inquiries.

We do not disclose any of the non-public personal information that we receive about any shareholder or former shareholder to anyone, except as permitted or required by law or as permitted by the shareholder pursuant to a written consent. Specifically, so that we can complete transactions you authorize or request and so that we can continue to tailor our products and services to meet individual investing needs, we may disclose non-public personal information to the following entities:

- Our financial service providers, such as our investment adviser, transfer agent and custodian; and
- Our non-financial service providers that provide administrative or marketing services, such as our printers and mailers who assist us in the distribution of investor materials.

Those companies are permitted to use that information only for the services for which we hired them. They are not permitted to use or share our shareholders' non-public personal information for any other purpose.

For further protection, we maintain strict internal security measures. We restrict access to shareholder personal and account information to those employees who need to know that information to service that account. We also maintain physical, electronic and procedural safeguards that comply with federal standards to guard non-public personal information. We will continue to adhere to these privacy policies and practices even after an account is closed or becomes inactive.

For questions about our policy, or for additional copies of this notice, please send us an e-mail using the "Contact Us" link or write to us at P.O. Box 219558, Kansas City, MO 64121-9558, or call us at 800-625-6275.

Very truly yours,

The Oakmark Funds

A00000000004300

IRA Application & Adoption Agreement

The Funds Will Not Accept Third Party or Starter Checks.
Make check payable to: **The Oakmark Funds.**
Mail to: The Oakmark Funds / P.O. Box 219558 / Kansas City, MO 64121-9558
Phone: 1-800-OAKMARK (1-800-625-6275)

OAKMARK

1. Account Registration (Please print)

Full Name (First, Middle, Last) ____________________ Social Security Number/Tax Identification Number ____________________ Date of Birth (MM/DD/YYYY) ____________________

Street Address (We cannot open an account with a P.O. Box. See below for mailing address.) ____________________ City ____________ State ______ Zip ______

E-mail Address ____________________ Daytime Telephone Number ____________________

Mailing Address – P.O. Box is acceptable ☐ Same as above ____________________ City ____________ State ______ Zip ______

2. Investment

• Initial minimum: $1,000 per Fund. $500 if Automatic Investment or Payroll Deduction elected • Minimum Subsequent purchases: $100 per Fund.

OAKMARK FUNDS

Fund Name/Fund Number:	INITIAL INVESTMENT		Must Total 100%
Oakmark Fund (110)	$ ____________	OR	______%
Oakmark Select Fund (808)	$ ____________		______%
Oakmark Equity and Income Fund (810)	$ ____________		______%
Oakmark International Fund (109)	$ ____________		______%
Oakmark International Small Cap Fund (811)	$ ____________		______%
Oakmark Global Fund (1674)	$ ____________		______%
Oakmark Global Select Fund (2710)	$ ____________		______%
OAKMARK UNITS OF:			
Federal Portfolio (Money Market-2712)	$ ____________	OR	______%

FEES

$5 Setup fee* ☐ enclosed OR ☐ deduct

$10 Annual fee** ☐ enclosed OR ☐ deduct

* *Per Fund Account*

** *Per Fund Account up to $20.00.*

If no box is checked, fees will automatically be deducted.

3. IRA Election

Please complete only one section – section A for Traditional IRA, section B for Roth IRA, or section C for SEP IRA. **If you would like more than one type of IRA, you are required to fill out an additional application. Please note the following:**

- "Transfer of Assets" refers to moving assets from your existing IRA Custodian directly to an Oakmark IRA.
- "Direct Rollover" refers to moving assets directly from a qualified retirement plan to an Oakmark Traditional IRA *only*.
- "Rollover" refers to receiving qualifying distribution assets from an employer retirement plan or 403(b) or 457 plan or IRA, and investing those assets in an Oakmark IRA within 60 days.
- If you are age 70½ or older you are required to take your required minimum distribution before transferring or converting your Traditional or SEP IRA assets (for more information please consult IRS Publication 590).

☐ **A. Traditional IRA:** **(choose one)**

☐ Annual Contribution(s) for tax year 20__________. (If left blank, current year is assumed).
☐ Transfer of Assets. Complete the *Oakmark IRA Transfer/Direct Rollover of Assets Form.* Go to section 4.
☐ Direct Rollover. Complete the *Oakmark IRA Transfer/Direct Rollover of Assets Form.* Go to section 4.
☐ Rollover. Check enclosed for $__________________. Go to section 4.
☐ Recharacterization of Roth IRA.
Existing Oakmark Roth IRA account number ____________________
Amount recharacterized ___all___ or $____________________
If IRA held with another custodian or trustee, complete the *Oakmark IRA Transfer/Direct Rollover of Assets Form.*

☐ **B. Roth IRA:** **(choose one)**

☐ Annual Contribution(s) for tax year 20__________. (If left blank, current year is assumed).
☐ Transfer of Assets. Complete the *Oakmark IRA Transfer/Direct Rollover of Assets Form.* Go to section 4.
☐ Rollover. Check enclosed for $__________________. Go to section 4.
☐ Conversion of Traditional IRA.
Existing Oakmark Traditional IRA account number ____________________
Amount converted ___all___ or $____________________
If IRA held with another custodian or trustee, complete the *Oakmark IRA Transfer/Direct Rollover of Assets Form.*

☐ **C. SEP IRA:** **(choose one)**

☐ Annual Contribution(s) for tax year 20__________. (If left blank, current year is assumed).
☐ Transfer of Assets. Complete the *Oakmark IRA Transfer/Direct Rollover of Assets Form.*
☐ Rollover. Check enclosed for $__________________

4. Automatic Investment Plan

☐ Check the box to add this option and **complete this section and section 5**. You may purchase shares monthly or quarterly into your existing account(s) automatically by electronic transfer from your checking account. Transactions will occur on the 15th of the month or the next business day, unless otherwise specified below.
The minimum investment is $100.00 per Fund.

I authorize the Oakmark Funds to draw on my checking account for this IRA according to the following instructions:

____________________________ $ ____________________________ ☐ Monthly ☐ Quarterly

Fund Name(s) or Number(s) Amount ($100 minimum per Fund)

Beginning month __________________ Transactions should occur on the_______ day of the month.

5. Bank Information

Complete this section if you have selected the Automatic Investment Plan from **section 4.**

A VOIDED CHECK FROM YOUR CHECKING ACCOUNT MUST BE ATTACHED TO THIS FORM.
WE DO NOT ACCEPT STARTER CHECKS OR MUTUAL FUND MONEY MARKET CHECKS.

Name of Bank

Address of Bank City State Zip

Name(s) on Checking Account

Checking Account Number Bank ABA Number

6. Designation of Beneficiary

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.

Primary Beneficiary(ies):

Name	Relationship	Date of Birth	Social Security Number	Proportion **(Must Total 100%)**
				%
				%

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

Contingent Beneficiary:

Name	Relationship	Date of Birth	Social Security Number	Proportion
				%

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).

Important: This Designation of Beneficiary may have important tax or estate planning effects. Also, 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 your Account(s). Consult your lawyer or other tax professional for additional information and advice.

7. Signature(s) (Required)

I hereby authorize The Oakmark Funds to establish an IRA for my benefit with State Street Bank & Trust Company, pursuant to the terms of The Oakmark Funds Individual Retirement Account Custodial Documents. By signing this form I certify that:
All information and certifications on this application are true. I have received and read a current prospectus for The Oakmark Funds and/or Oakmark Units of The Federal Portfolio and the *IRA Disclosure Statement and Custodial Agreement*. I agree to be bound by the terms as governed by Illinois law. 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, if not prepaid by December 1. The custodian may change the fee schedule from time to time.
I consent to the delivery of a single "shared" copy of each prospectus and report to shareholders 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.
I understand that the telephone transaction privileges and Internet transaction privileges will apply to my account. If I have telephone/Internet transaction privileges, I agree that neither the Funds nor their transfer agent, their agents, officers, trustees, directors or employees will be liable for any loss, liability or expense for acting, or refusing to act on instructions 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.
Under penalty of perjury, I hereby certify that the Social Security or other Tax Identification Number (TIN) in section 1 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.
Receipt by the investor of The Oakmark Funds confirmation statement shall indicate State Street Bank & Trust Company's acceptance to act as custodian.

X

Your Signature Date

If the applicant is a minor under the laws of the applicant's state of residence, a parent or guardian must also sign the Agreement here. Until the applicant reaches the age of majority, the parent or guardian will exercise the powers and duties of the applicant.

Name of Parent or Guardian (First, Middle, Last) Social Security Number/Tax Identification Number Date of Birth (MM/DD/YYYY)

Street Address - if different from applicant. (We cannot open an account with a P.O. Box) City State Zip

X

Signature of Parent or Guardian Date

RETAIN A PHOTOCOPY OF THE COMPLETED AGREEMENT FOR YOUR RECORDS