


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 new Oakmark Fund to your existing account. Your new Fund will be the same registration and account type as the account listed in [Section 2](#).
- The paperclip image  indicates that additional documentation is required with this form.
- **Make check payable to: Oakmark Funds**
- **The Funds will not accept third party or starter checks.** A third party check is a check payable to a party other than the Oakmark Funds.

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

You can also add a Fund online at
Oakmark.com

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/Tax Identification Number

Account Registration

3. Contact Information

Primary Phone Number

Secondary Phone Number

Email Address

4. Investment

Initial minimum investment amounts:

Investor and Money Market: \$1,000 (\$500 if Automatic Investment Plan is elected in [Section 10](#) or if the [Payroll Deduction Form](#) is attached.)

Advisor: \$100,000

Institutional: \$1,000,000

Share Class	Initial Investment	Percentage <small>Must equal 100%</small>	SIMPLE IRAs Only	
			Employee Salary Reduction	Employer Contribution
Oakmark Fund	_____	____%	_____	_____
Oakmark Select Fund	_____	____%	_____	_____
Oakmark Equity & Income Fund	_____	____%	_____	_____
Oakmark Global Fund	_____	____%	_____	_____
Oakmark Global Select Fund	_____	____%	_____	_____
Oakmark International Fund	_____	____%	_____	_____
Oakmark International Small Cap Fund	_____	____%	_____	_____
OAKMARK UNITS OF: Financial Square Treasury Solutions Fund	_____	____%	_____	_____
Total Investment:	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>

Distributions will be automatically reinvested in additional shares of your Fund(s). To establish cash distributions, please attach a letter of instruction signed by all account owners.

5. Exchanges *If you are enclosing a check to open your new Fund(s), skip to Section 6*

Initial minimum investment amounts:

Investor and Money Market: \$1,000 (\$500 if Automatic Investment Plan is elected in [Section 10](#) or if the [Payroll Deduction Form](#) is attached.)

Advisor: \$100,000

Institutional: \$1,000,000

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

6. Transaction Type *If the account is a regular, taxable account, skip to Section 7*

For a Traditional, Roth, SEP, SIMPLE IRA or Coverdell ESA. **Check one box:**

- Annual Contribution for tax year 20__**. If left blank, current year is assumed. SEP contributions will be coded for the year they are deposited.
- Transfer/Direct Rollover of Assets.** Complete and attach the [IRA Transfer/Direct Rollover of Assets Form](#) or the [Coverdell Education Savings Account Transfer of Assets Form](#).
- Participant Rollover:** Check enclosed for: _____

Fees: The below fees will be automatically deducted from your initial investment.

You may include your fee payment with your investment check or in a separate check made payable to the Oakmark Funds.

For Traditional, Roth, SEP or SIMPLE IRAs:

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

For Coverdell ESAs:

One-Time Setup Fee: \$5.00 per Fund account

Annual Maintenance Fee: \$7.00 per Fund account, maximum of \$14.00 per Social Security Number

7. Cost Basis *If the account is an IRA or ESA, skip to Section 8*

To establish a different cost basis method for each Fund, please attach a letter of instruction signed by all account owners.

Your cost basis election will be used for calculating the gain or loss on sales of shares acquired on or after January 1, 2012. If no election is made, Oakmark will apply the Average Cost default method to your account.

Check one box:

- 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 default method as your primary cost basis method.

8. Consent for e-Delivery

You must provide your email address in [Section 3](#).

If you elect e-delivery, you will receive a notification to the email address provided in [Section 3](#) 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 for e-delivery:

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

9. Bank Information *Optional*

You must attach an investment check or 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. If you would like to add a bank account that is different from the bank account listed on your investment check, you must attach a voided check. 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. joint Oakmark account and single bank account), ALL Oakmark account owners must sign this form in [Section 11](#) and obtain a signature guarantee stamp in [Section 12](#) to authorize adding this bank information. For custodial accounts including UGMA/UTMAs and ESAs, only the custodian or responsible individual is considered the Oakmark account owner.

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 11](#) and obtain a signature guarantee stamp in [Section 12](#) 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).

Check one box:

- Copy the information from my investment check.
 Copy the information from my voided check.

10. Automatic Investment Plan (AIP) *Optional*

Complete this Section and [Section 9](#) 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.

AIP 1:

Fund Name	Share Class	Amount
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Transaction should occur on the _____ day of the month.

All Months **or** Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

AIP 2:

Fund Name	Share Class	Amount
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Transaction should occur on the _____ day of the month.

All Months **or** Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

11. Signature(s) Required

By signing this form I agree that 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 certify that the information provided on this form 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 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 9 I hereby authorize the Fund to initiate credits and/or debits to my account indicated in Section 9 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.

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.

If this is an IRA account:

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). 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 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. If I have indicated a Participant Rollover above, I certify that: if the distribution is from another IRA, that I have not made another rollover within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this IRA; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules.

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.

If this is an ESA account:

I agree that I have received, read and agree to the Oakmark Funds - UMB Bank, N.A. Coverdell Education Savings Account Disclosure Statement and Custodial Agreement (including the Custodian's annual maintenance fee). I acknowledge receipt of the Coverdell Education Savings Account 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. ESA, including, but not limited to, contribution limits, 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 or distributions 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 acknowledge and understand that the beneficiary I have named may be changed or revoked at any time by filing a new designation in writing. If I have indicated a Participant Rollover above, I certify that: if the distribution is from another ESA, that I have not made another rollover within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this ESA; and that the Student identified in Section 2 is either the person for whose benefit the prior ESA was maintained or a member of such person's family (within the meaning of Internal Revenue Service Code Section 529(e)(2)). If this is an Annual Contribution ESA, I certify that the Student is less than 18 years old and that all contributions made on the Student's behalf to this or any other ESAs do not exceed \$2,000.00 in a single tax year. If this is a Transfer of an existing ESA, I certify that the Student is less than 30 years old and that the Student identified in Section 2 is either the person for whose benefit the prior ESA was maintained or a member of such person's family (within the meaning of Internal Revenue Service Code Section 529(e)(2)).

I agree that this ESA 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 ESA account to another custodian. I agree that the Custodial Agreement is binding on me and on my successors in interest.

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.

11. Signature(s) *continued*

Sign below exactly as your name(s) appears in [Section 2](#). All owners, including joint owners and trustees, excluding minors must sign.

Signature

Title (if applicable)

Date

Signature

Title (if applicable)

Date

Signature

Title (if applicable)

Date

Signature

Title (if applicable)

Date

12. 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