


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 redeem from your Oakmark account or to redeem from an Oakmark account due to death.
- Do not use this form to redeem from an Oakmark IRA account. Use the [IRA Distribution 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

You can also redeem from your account at Oakmark.com

2. Existing Account Information

Please see an account statement for this information.

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

Account Number

Social Security Number/Tax Identification Number

Account Registration

3. Contact Information

Primary Phone Number

Secondary Phone Number

Email Address

4. Type of Redemption

Check one box:

- Account Liquidation.** Assets in all Funds under the account number listed in [Section 2](#) will be redeemed. Go to [Section 7C](#).
- Partial Redemption.** Go to [Section 6](#).
- Redemption Due to Death.** Go to [Section 5](#).

5. Redemption Due to Death

Please attach an inheritance tax waiver if required by the respective state of the deceased account owner's residence.

A. Date of Death

Date of death of account owner: _____
(MM/DD/YYYY)

Provide below the names and dates of any Transfer on Death (TOD) beneficiaries that you know are deceased.

Name of Beneficiary Date of Death (MM/DD/YYYY)

Name of Beneficiary Date of Death (MM/DD/YYYY)

B. Type of Distribution

Check one box:

- Distribution to Transfer on Death (TOD) Beneficiary.** Each beneficiary must complete one form. You must provide your signature in [Section 9](#) and obtain a medallion signature guarantee in [Section 10](#).

A conduit account will be established in your name in order to redeem the assets to which you are entitled. Provide your name, SSN and address below. Go to [Section 7C](#).

Name (First, Middle Initial, Last) Social Security Number

Mailing Address

City State Zip Code

- Distribution to a Joint Owner.** Each joint owner must complete one form. You must provide your signature in [Section 9](#) and obtain a medallion signature guarantee in [Section 10](#).

A conduit account will be established in your name in order to redeem the assets to which you are entitled. Provide your name, SSN and address below. Go to [Section 7C](#).

Name (First, Middle Initial, Last) Social Security Number

Mailing Address

City State Zip Code

- Distribution to an Estate.** The executor must provide a signature in [Section 9](#) and obtain a medallion signature guarantee in [Section 10](#).

A conduit account will be established in the estate's name in order to redeem the assets. Provide your name, the estate name, TIN and address below. Go to [Section 7C](#).

Executor Name (First, Middle Initial, Last) Estate Tax Identification Number

Estate Name

Mailing Address

City State Zip Code

6. Redemption Amount

Redeem the following amounts from the Funds listed below:

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

7. Delivery Instructions

Minimum Amounts for New Funds:

Investor: \$1,000
 Advisor: \$100,000
 Institutional: \$1,000,000
 Money Market: \$1,000

Minimum Amounts for Existing Funds:

Investor: \$100
 Advisor: \$0
 Institutional: \$0
 Money Market: \$100

The accounts from which you are redeeming, and into which you are purchasing, must have the same account owner and SSN/TIN (e.g., individual to IRA). For all other exchanges/transfers, please use

the [Change of Registration Form](#).

If you are exchanging to an IRA or Coverdell ESA, the contribution will be coded as current year, unless you instruct otherwise.

A. Exchange to Another Oakmark Fund

Exchange to new or existing Fund(s) under my account number listed in [Section 2](#):


Fund Name	Share Class	Dollar Amount or Percentage
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

B. Exchange to Another Oakmark Account Number

Check one box:

Exchange to an existing account:

Fund Name	Share Class	Account Number	Dollar Amount or Percentage
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

Exchange to a new account.  Complete and attach the [Oakmark New Account Registration Form](#), [IRA Application & Adoption Agreement](#) or [Coverdell ESA Application & Adoption Agreement](#).

7. Delivery Instructions *continued*

C. Send Proceeds Via Mail

Check one box:

- Via Regular Mail. Proceeds should be received 7-10 business days after receipt of your request in good order.
- Via Overnight Mail. **A \$25.70 overnight fee will be deducted from your account.** Proceeds should be received 2-3 business days after receipt of your request in good order.

Select one option:

- Make check payable to current name and address on file. All Oakmark account owners must obtain a medallion signature guarantee in [Section 10](#) if the address on file has changed within the last 30 days.
- Make check payable to name and address provided in [Section 5](#). You must obtain a medallion signature guarantee in [Section 10](#).
- Make check payable to another name and address or send check to another name and address. All Oakmark account owners must obtain a medallion signature guarantee in [Section 10](#). Please provide the payee and mail information:

Payee Name

Address City State Zip Code

Mailing Recipient (if different)

Mailing Address (if different) City State Zip Code

D. Send Proceeds Electronically

Check one box:

- Via Automated Clearing House (ACH). Proceeds should be received 2-3 business days after receipt of your request in good order.
- Via Federal Funds Wire. **A \$5 wire fee will be deducted from your account.** Proceeds should be received 1-2 business days after receipt of your request in good order.


Select one option:

- Send the proceeds to my bank account on file.
- Send the proceeds to a bank account I wish to add on file. All Oakmark account owners must obtain a medallion signature guarantee in [Section 10](#). Please see [Section 8](#) for additional requirements.
- Send the proceeds to a bank account that I do NOT wish to add on file. All Oakmark account owners must obtain a medallion signature guarantee in [Section 10](#). Please provide the bank information:

Bank Name Bank Account Owner Name(s)

Bank ABA Number Bank Account Number

8. Bank Information

 **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 or change your 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. joint Oakmark account and single bank account), ALL Oakmark account owners must sign this form in [Section 9](#) and obtain a medallion signature guarantee stamp in [Section 10](#) 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 9](#) and obtain a medallion 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).

9. 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.

If this is a distribution due to death, I certify there are no known disputes or claims that would affect my right to inherit assets as a beneficiary of the deceased shareholder. I agree to hold harmless and indemnify the Oakmark Funds, its affiliates and agents with respect to any direct liabilities, losses, or reasonable expenses arising from compliance with this request.

By completing Section 8 and 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 Funds' Prospectus.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION:

Under penalty of perjury, I hereby certify that the Social Security or other Tax Identification Number (TIN) in Section 2 or 5 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.

Sign below exactly as your name(s) appears in Section 2 or 5. All owners, including joint owners and trustees, excluding minors must sign. If acting in a special capacity, such as trustee, custodian, beneficiary or executor, the capacity must be indicated after your signature.

_____ Signature	_____ Title or Capacity (if applicable)	_____ Date
_____ Signature	_____ Title or Capacity (if applicable)	_____ Date
_____ Signature	_____ Title or Capacity (if applicable)	_____ Date
_____ Signature	_____ Title or Capacity (if applicable)	_____ Date

10. Medallion Signature Guarantee *If Required*

A STAMP2000 Medallion Signature Guarantee (MSG) stamp is required if the redemption proceeds are to be sent to the address on file that has changed within the last 30 days, made payable or mailed to someone other than the account owner(s), or sent to a bank account that is not on file. An MSG Stamp is also 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 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 stamp.**

Place MSG Stamp Here	Place MSG Stamp Here
Place MSG Stamp Here	Place MSG Stamp Here

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS