Oakmark Funds.

Payroll Deduction Form

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 set up a payroll deduction plan and invest after-tax dollars directly from your paycheck to your Oakmark account.
- Use this form and the New Account Registration Form, IRA Application & Adoption Agreement or Coverdell Savings Account (ESA) Application & Adoption Agreement to open a new Oakmark account with a payroll deduction plan.
- Provide a copy of this completed form to your payroll department to initiate or change your payroll deduction plan.

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

2. Existing Account Information

Please see an account statement for this information.

If you are opening a new account, please leave account number blank.

Account Number	Social Security Num	Social Security Number/ Tax Identification Number		
Account Owner Name(s)/Ac	count Registration			
Primary Phone Number	Secondary Phone Number	Email Address		

3. Payroll Deduction Instructions

4. Employer Information

Employer Name	Payroll Department Contact Name	Primary Phone Number
Mailing Address		
City	State Zip Code	

5. Instructions to Employer

A. Deduct	(whole dollar amount only) from my paycheck and send the amount to Oakmark
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6. Investment Allocation

IRA or ESA contributions will be coded as current year contributions.

Fund Name	Share Class	Percent Must equal 100%	
Oakmark Fund		%	
Oakmark Select Fund		%	
Oakmark Global Fund		%	
Oakmark Global Select Fund		%	
Oakmark International Fund		%	
Oakmark International Small Cap Fund		%	
Oakmark Equity and Income Fund		%	
Oakmark Bond Fund		%	
GS Financial Square Treasury Solutions Fund, A	Admin	%	
	Total Investment:	%	

7. Account Owner Signature(s) Required

paycheck or cancel this service at a		can change the amount deducted from my uthorize the specified investment amount above. I ons for applicable IRS limits.
X Signature	Name	Date
X Signature	 	

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

PAYDEDUCTFRM revised 1/25 Page 2 of 2