

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 open a new Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) IRA that is not with a Designated Financial Institution (non-DFI).
- **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

2. Registration

Employee Name (First, Middle Initial, Last)

Social Security Number

Date of Birth (MM/DD/YYYY)

Street Address - *We cannot open an account with a P.O. Box. See Section 3 for Mailing Address.*

City

State

Zip Code

3. Contact Information

Primary Phone Number

Secondary Phone Number

Email Address

Check here if Mailing Address is the same as Street Address above.

Mailing Address - *P.O. Box is acceptable*

City

State

Zip Code

4. Employer Information

Employer Name

Tax Identification Number

Mailing Address

City

State

Zip Code

Contact Name

Primary Phone Number

Email Address

5. Transaction Type

Contribution Types:

“Transfer of Assets” refers to moving assets from your existing SIMPLE IRA custodian directly to an Oakmark SIMPLE IRA.

“Participant Rollover” refers to receiving qualifying distribution assets from a SIMPLE IRA and investing those assets in an Oakmark SIMPLE IRA within 60 days.

For more information please consult IRS Publication 590.

Select one option

- Annual Contribution. According to IRS instructions, SIMPLE IRA contributions will be coded for the year they are deposited. Please refer to Box 9 of IRS Form 5498.
- Transfer of Assets. Date of initial contribution: _____. Complete and attach the **SIMPLE IRA Transfer of Assets Form**. (MM/DD/YYYY)
- Participant Rollover. Date of initial contribution: _____. Check enclosed for: _____. (MM/DD/YYYY)

6. Investment

	Employee Deferral	Percentage Must equal 100%	Employer Contribution	Percentage Must equal 100%
Oakmark Fund (OAKMX) (110):	_____	_____ %	_____	_____ %
Oakmark Select Fund (OAKLX) (808):	_____	_____ %	_____	_____ %
Oakmark Equity & Income Fund (OAKBX) (810):	_____	_____ %	_____	_____ %
Oakmark Global Fund (OAKGX) (1674):	_____	_____ %	_____	_____ %
Oakmark Global Select Fund (OAKWX) (2710):	_____	_____ %	_____	_____ %
Oakmark International Fund (OAKIX) (109):	_____	_____ %	_____	_____ %
Oakmark International Small Cap Fund (OAKEX) (811):	_____	_____ %	_____	_____ %
OAKMARK UNITS OF:				
Financial Square Treasury Solutions Fund (FVAXX) (2713):	_____	_____ %	_____	_____ %
Total Investment*:	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %

* **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.

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

7. 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

8. Designation of Beneficiary

If your beneficiary is a trust or other entity, please list the entity name on the Name line and the Tax Identification Number on the Social Security Number line.

To make additional beneficiary designations, please attach a separate sheet.

I hereby make the following designation of beneficiary in accordance with the [SIMPLE IRA Disclosure Statement and Custodial Agreement](#):

Make payment in the proportions specified below. If any primary beneficiary predeceases me, his or her share is to be divided among the primary beneficiaries who survive me in the relative proportions assigned to each such surviving primary beneficiary. 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.

Primary Beneficiary(ies)

Beneficiary 1:

_____	_____	_____ %
Name (First, Middle Initial, Last)	Social Security Number	Percentage
_____	_____	
Relationship	Date of Birth (MM/DD/YYYY)	

Beneficiary 2:

_____	_____	_____ %
Name (First, Middle Initial, Last)	Social Security Number	Percentage
_____	_____	
Relationship	Date of Birth (MM/DD/YYYY)	
		Total
		must equal 100%

Contingent Beneficiary(ies)

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

Contingent Beneficiary 1:

_____	_____	_____ %
Name (First, Middle Initial, Last)	Social Security Number	Percentage
_____	_____	
Relationship	Date of Birth (MM/DD/YYYY)	

Contingent Beneficiary 2:

_____	_____	_____ %
Name (First, Middle Initial, Last)	Social Security Number	Percentage
_____	_____	
Relationship	Date of Birth (MM/DD/YYYY)	
		Total
		must equal 100%

9. Spousal Consent

Your Designation of Beneficiary in [Section 8](#) may have important tax or estate planning effects. 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 the assets in your account(s). Consult your lawyer or other tax professional for additional information and advice.

I am the spouse of the above-named account owner. I hereby consent to the beneficiary designation(s) indicated above.

_____	_____	_____
Signature of IRA Owner's Spouse	Name	Date
_____	_____	_____
Signature of Witness	Name	Date

10. Signature Required

By signing this form I agree that: I have received, read and agree to the Oakmark Funds - State Street Bank and Trust Company SIMPLE IRA Account Disclosure Statement and Custodial Agreement (including the Custodian's annual maintenance fee) and Oakmark Privacy Notice. **I acknowledge receipt of the SIMPLE 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.**

If I have indicated a Participant Rollover above, I certify that: if the distribution is from another SIMPLE 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 SIMPLE IRA; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules.

I accept full responsibility for complying with all IRS requirements with respect to my Oakmark Funds - State Street Bank and Trust Company SIMPLE IRA, including, but not limited to, contribution limits, distributions, 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 or distributions which I initiate. I hereby indemnify the Oakmark Funds, Harris Associates L.P., the Oakmark Funds' transfer agent and State Street Bank and Trust Company (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 certify that the information provided on this SIMPLE IRA Application is true and accurate. 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.

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

I represent that 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 per Social Security Number, if not prepaid by December 1 of each year that the account is open. The custodian may change the fee schedule from time-to-time.

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. 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.

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 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.

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.

Receipt by the investor of the Oakmark Funds confirmation statement shall indicate State Street Bank & Trust Company's acceptance to act as custodian.

Signature

Date

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

Oakmark Funds Privacy Notice

The Oakmark Funds consider 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, redemptions, account balances and bank account information. We collect this information from the following sources:

- Applications or other forms on which you provide non-public personal information;
- Shareholder communications effected by mail, email, the telephone and our website; and
- Shareholder transactions and account inquiries.

We also may obtain non-public personal information about our shareholders who maintain their accounts at financial intermediaries. We disclose the non-public personal information described above that we collect about any current or former shareholder only 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, we may disclose non-public personal information to the following entities:

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

Information Shared. The information we collect, as described above, may be shared with our affiliates in order to enhance customer communications, services and products. We do not sell any non-public personal information about shareholders or former shareholders to anyone and do not disclose it to any unaffiliated third parties except as permitted or required by law, or at the specific request of the shareholder. We may disclose some or all of the above information to affiliated and unaffiliated companies that perform certain administrative and marketing services (such as preparing and mailing prospectuses, reports and account statements, and providing custodial services) on the Funds' or a shareholder's behalf.

For further protection, we restrict access to shareholder non-public personal information to those employees who need to know that information to service your account. We maintain physical, electronic and procedural safeguards that comply with applicable federal and state standards to guard non-public personal information, and we monitor such measures. We also have adopted an "Identity Theft Prevention Program" with procedures and controls reasonably designed to ensure the protection and proper disposal of shareholder account information obtained by us. We also require our affiliates and service providers that maintain shareholders' non-public personal information to adopt and implement safeguards to protect that 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 email using the "[Contact Us](#)" link at Oakmark.com, write to us at P.O. Box 219558, Kansas City, MO 64121-9558, or call us at 1-800-OAKMARK (625-6275).

Oakmark Units of the Goldman Sachs Financial Square Treasury Solutions Fund, Administration Shares, Privacy Notice

Harris Associates L.P. ("Harris") is the Administrator for the Oakmark Units of the Goldman Sachs Financial Square Treasury Solutions Fund, Administration Shares. Harris considers the protection of your non-public personal information a priority.

Types of Information Gathered. In order to provide you with individualized service, we collect certain non-public personal information about you from information you provide on applications and other forms (such as your address and social security number), and information about your transactions (such as purchases, redemptions and account balances). We may also collect such information through your account inquiries by mail, electronically or by telephone.

Information Shared. We do not disclose any non-public personal information about you, except as permitted by law. Specifically, so that we may continue to tailor our products and services to meet your investing needs and to effect transactions you request or authorize, we may disclose the information we collect, as described above, to companies that perform administrative or marketing services on our behalf, including financial service providers such as custodians, transfer agents and administrative and marketing service providers such as printers and mailers. These companies will use this information only for the services for which we hired them, and are not permitted to use or share this information for any other purpose. We may also share such information with affiliates in order to enhance customer communications, services and products.

Policies and Procedures. We restrict access to your non-public personal information to those employees who need to know that information to service your account. We also maintain physical, electronic and procedural safeguards that comply with applicable federal and state standards to protect your non-public personal information, and we monitor such measures. We have also adopted an "Identity Theft Prevention Program" with procedures and controls reasonably designed to ensure the protection and proper disposal of shareholder account information obtained by us. Notice of the terms of this policy is provided to new customers and to existing shareholders annually.

For questions about this policy, or for additional copies of this notice, please send us an email using the "[Contact Us](#)" link at Oakmark.com, write to us at P.O. Box 219558, Kansas City, MO 64121-9558, or call us at 1-800-OAKMARK (625-6275).