

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 specify which account owners are authorized signors for checks drawn on your Oakmark Units Financial Square Treasury Solutions Fund account.
- Checks must be payable in an amount of \$500.00 or more. Checks may be payable to the order of any person but they cannot be certified.
- Checkwriting privileges are only available for regular taxable accounts. They are not available for IRAs or CESAs.

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. Existing Account Information

Please see an
account statement
for this information.

Account Number

Social Security Number/Tax Identification Number

Account Registration

3. Contact Information

Primary Phone Number

Secondary Phone Number

Email Address

4. Checkwriting Privileges Authorization

Checks can be
re-ordered at
Oakmark.com

Please send checks starting with check number: _____

Select one:

- All account owners are required to sign checks.
- Only one account owner is required to sign checks.
- Only the following account owners are required to sign checks: _____

5. Account Owner Signature(s) *Required*

The payment of funds is authorized by the signature(s) appearing below. By signing this form, I understand that all checks will require all account owner signatures unless otherwise specified above. I understand that if only one person signs a check, all other account owners have authorized that signature on this form. Each account owner guarantees the genuineness of all other account owners' signatures. I acknowledge that I am subject to the rules and regulations of UMB Bank, N.A. ("the Bank") as they currently exist and as they may be amended from time to time. I designate the Bank as my representative to present checks drawn on this account to the Funds or their transfer agent and to redeem units of the Fund in the amounts of such checks.

Sign below exactly as your name(s) appear in Section 2. All owners, including joint owners and trustees, excluding minors must sign. Include legal title if signing for a Corporation, Trust, Custodian Account, etc.

X _____
Signature Name Title (if applicable) Date

X _____
Signature Name Title (if applicable) Date

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS