



OAK ASSOCIATES FUNDS

IRA Asset Transfer/Direct Rollover Request

- Transfer assets from another institution
- Initiate a direct rollover from a corporate retirement plan
- Convert a traditional IRA from another institution to an Oak Fund's Roth Conversion IRA
- If this is a new account, you must also complete an IRA application

We will contact your present trustee/custodian to arrange the transfer. If you have any questions, need additional forms or this request is not in good order, please call 1-888-462-5386 option #4, or visit us online at www.oakfunds.com

Please Note: IRA Direct Transfers are dependent upon the release of your assets by your existing IRA trustee/custodian.

Step 1 Investor Information

Name of IRA Accountholder _____

Social Security Number _____ Date of Birth _____

Street Address _____

City, State, Zip _____

Daytime Telephone _____ Evening Telephone _____

E-Mail Address _____

Step 2 Present Trustee/Custodian

Name of Present Trustee/Custodian or Plan Administrator _____

Street Address _____

City, State, Zip _____

Fund Name & Account Number At Present Trustee _____

Telephone Number of Present Trustee/Custodian _____

Step 3 Transfer/Direct Rollover Instructions

I have established an Individual Retirement Account (IRA) with SEI Private Trust Company. Please transfer my assets and follow the instructions below.

- Liquidate all assets in my IRA Account Number and transfer the entire proceeds.
- Liquidate only part of my assets in my IRA Account Number and transfer \$_____.

Mail the check to: Oak Associates Funds P.O. Box 219441 Kansas City, MO 64121-9441	Make the check payable to: Oak Associates Funds.
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- Liquidate ONLY the assets listed below (For CDs):
 Account Number _____
 Immediately At maturity on _____
- Directly roll over my qualified plan distribution to my IRA.

Step 4**Account Type To Be Transferred**

- IRA
- Rollover IRA
- Employer Qualified Plan, 401(k), Profit Sharing Plan
- Roth Contributory IRA, original start date of _____
- Roth Conversion IRA, original start date of _____
- SEP IRA

Step 5**Required Distribution Election Information**

This section is to be completed by existing Custodian/Trustee or Plan Administrator if the individual is age 70½ or older this year.

Life Expectancy:

- Single life expectancy Joint life expectancy

The amount withheld to satisfy this year's required distribution \$ _____.

If joint life expectancy: _____

Name of Designated Beneficiary

- Spouse Non-spouse

December 31 Account Valuation \$ _____

X

Signature of Current Custodian/Trustee or Plan Administrator

Step 6**Signature & Authorization**

SIGNATURE GUARANTEE: IMPORTANT: Your present IRA trustee/custodian may require a signature guarantee.
Please be sure to check with your prior IRA trustee/custodian for requirements.

I agree to the terms and conditions set forth in this transfer authorization and acknowledge having established an Oak Associates Funds IRA through execution of the Oak Associates Funds' IRA Application Form.

X

Signature

Date

If required, please complete the following:

(Place Signature Guarantee Stamp Here)

Name of Bank or Firm

X

Signature of Officer

Title

**Delivery Instructions –
Forward Checks To:**

Oak Associates Funds
c/o DST Systems, Inc.
FBO Customer's Name
P.O. Box 219441
Kansas City, MO 64121-9441

This section to be completed by SEI Private Trust Company

SEI Private Trust Company hereby agrees to accept the transfer described above and upon receipt of cash or other assets will apply the proceeds to The Oak Associates Funds' Customer Sub-Account established on behalf of the Customer.

SEI PRIVATE TRUST COMPANY:

By

Date

Title