



ACCOUNT OPTIONS FORM

IMPORTANT: Use this form to update, change, or add a Systematic Investment Plan, Systematic Withdrawal Plan, the Name or Address on an account, Transfer on Death Beneficiary, Distribution Options, Telephone/Online Privileges and Bank Information.

SECTION 1: Account Information

Account Number _____

Owner's Name (Last, First, Middle Initial) _____

Owner's Social Security Number _____ Date of Birth (MM/DD/YY) _____

Joint Owner's Name (Last, First, Middle Initial) (if applicable) _____

Joint Owner's Social Security Number _____ Date of Birth (MM/DD/YY) _____

Check here if new address

Address of Residence (Required) - P.O. Box not accepted _____

(City, State, Zip) _____

Mailing Address - If different from above (P.O. Boxes accepted) _____

() _____ () _____
Day Phone Evening Phone

Check here if new phone number

E-mail Address _____

Check here if new e-mail address

SECTION 2: Name Change Instructions

Please Provide:

Fund Number _____ Account Number _____

Please indicate your former name and what your new name has changed to.

Former Name _____

One and the same as:

New Name _____

If your name is different from what is currently shown on your account, your signature must be guaranteed in Section 10.

SECTION 3: Transfer on Death

TOD status is only for Regular Accounts (non-IRAs)

Benefits will be paid only to those beneficiaries living at the time of your death. If percentages are not indicated, or do not total 100%, benefits will be paid in equal shares. If any of your beneficiaries are not living at the time of your death, benefits will be divided proportionately among the remaining beneficiaries. If more than two beneficiaries are designated, please continue on a separate sheet.

Complete all information requested to designate new/additional beneficiaries.

Beneficiary's Name (Last, First, Middle Initial) _____

Beneficiary's Social Security Number _____ Date of Birth (MM/DD/YY) _____

Address of Residence (Required) - P.O. Box not accepted _____

(City, State, Zip) _____

Mailing Address - If different from above (P.O. Boxes accepted) _____

() _____ () _____
Day Phone Evening Phone

E-mail Address _____

Relationship _____ %
Percentage

Beneficiary's Name (Last, First, Middle Initial) _____

Beneficiary's Social Security Number _____ Date of Birth (MM/DD/YY) _____

Address of Residence (Required) - P.O. Box not accepted _____

(City, State, Zip) _____

Mailing Address - If different from above (P.O. Boxes accepted) _____

() _____ () _____
Day Phone Evening Phone

E-mail Address _____

Relationship _____ %
Percentage

SECTION 4: Systematic Investment Plan

A systematic investment plan deposits money directly into this account from your checking or savings account on a monthly or quarterly basis.

Please complete this section if you would like to:

Establish Modify or Discontinue a systematic investment plan.

Fund Name	Amount
White Oak Select Growth Fund (WOGSX)	\$ _____
Pin Oak Equity Fund (POGSX)	\$ _____
Rock Oak Core Growth Fund (RCKSX)	\$ _____
River Oak Discovery Fund (RIVSX)	\$ _____
Red Oak Technology Select Fund (ROGSX)	\$ _____
Black Oak Emerging Technology Fund (BOGSX)	\$ _____
Live Oak Health Sciences Fund (LOGSX)	\$ _____
Total Amount	\$ _____

How often would you like automatic investments?

Monthly Quarterly

On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, investments will be made on or about the 15th of each month.

- Please provide **bank information** in Section 8, if applicable.
- Please Note:
 - Attach a separate letter of instruction if the bank account holder is different than the Oak account holder.
 - The minimum systematic investment is \$25.
 - For IRA accounts (including Coverdells), contributions made through a systematic investment plan will be considered contributions for the year in which shares are purchased.
 - A signature guarantee is required if shares are redeemed within 30 days of adding or changing bank information.

SECTION 5: Systematic Withdrawal Plan

A systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly, or annual basis. An account balance of at least \$25,000 is required.

Please complete this section if you would like to:

Establish Modify or Discontinue a systematic withdrawal plan.

Fund Name	Amount (\$25 minimum)
White Oak Select Growth Fund (WOGSX)	\$ _____
Pin Oak Equity Fund (POGSX)	\$ _____
Rock Oak Core Growth Fund (RCKSX)	\$ _____
River Oak Discovery Fund (RIVSX)	\$ _____
Red Oak Technology Select Fund (ROGSX)	\$ _____
Black Oak Emerging Technology Fund (BOGSX)	\$ _____
Live Oak Health Sciences Fund (LOGSX)	\$ _____
Total Amount	\$ _____

SECTION 5: Systematic Withdrawal Plan (continued)

How often would you like automatic withdrawals?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, withdrawals will be made on or about 25th of each month.

Money is to be sent by: ACH Check or Cross-Invest

Fund _____

Account Number _____

- Please provide **bank information** in Section 8 if withdrawals are to be sent by ACH.

SECTION 6: Distribution Options

Please complete this section if you would like to change your current distribution option.

Dividend distribution: Cash Reinvest

Capital Gains distribution: Cash Reinvest

- Check here if you would like cash distributions deposited directly to your bank account. Please complete Section 8 if you do not have bank information listed on your account.

SECTION 7: Telephone & Online Privileges

Telephone/online privileges allow transactions to be placed via the telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.oakfunds.com

Telephone privileges: Add Remove

Online privileges: Add Remove

Adding telephone/online transaction privileges with purchase and redemption capabilities requires **bank information**. Please complete Section 8 if you do not have bank information listed on your account.

SECTION 8: Bank Information

Please provide bank information if you are establishing or modifying any of the following: a systematic investment plan, a systematic withdrawal plan, telephone/online transaction privileges, wire transfer capabilities, and/or are having cash distributions deposited into your account.

- I would like to **add** bank information to this account to authorize purchase and redemptions via: ACH transfer and/or Wire transfer. I understand this authorization will allow me to make such transactions via telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.oakfunds.com.

- I would like to **modify** my current bank information on this account for purchases and redemptions via: ACH and/or Wire transfer.

- I would like to **remove** bank information on this account for purchases and redemptions via: ACH and/or Wire transfer.

