OAK ASSOCIATES FUNDS

DESIGNATION OF IRA BENEFICIARY

Important: Use this form to designate primary and secondary beneficiaries for your Oak Associates Funds IRA. You may change your beneficiaries at any time.

SECTION 1: Account Type

I would like this designation of beneficiary to apply to my Oak Associates Funds:

❑ Traditional IRA ❑ Roth IRA ❑ SEP IRA

If you want to designate different beneficiaries for different account types, please complete a separate form for each.

SECTION 2: Investor Information

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

Owner'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

SECTION 3: Designation of Beneficiary(ies)

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). **If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary.** If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

❑ **Primary** ❑ **Secondary**

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 3: Designation of Beneficiary(ies) (continued)

❑ **Primary** ❑ **Secondary**

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

Spousal Consent:
This section should be reviewed if the Plan Participant is married and designates a Beneficiary other than the spouse. It is the Plan Participant's responsibility to determine if this applies. The Plan Participant may need to consult with legal counsel. Neither the Custodian nor the Sponsor are liable for any consequences resulting from a failure of the Plan Participant to provide proper spousal consent.

CURRENT MARITAL STATUS (Required)

❑ I **Am Not Married** – I understand that if I become married in the future, I must complete a new IRA Designation Of Beneficiary form.

❑ I **Am Married** – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.

I hereby give the IRA holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Signature of Spouse Date *(MM/DD/YY)*

Signature of Witness Date *(MM/DD/YY)*

SECTION 4: Trust Beneficiary(ies)

Complete this section if a trust is one of your primary beneficiaries. Consult your attorney regarding this designation.

Name of Trust

Street or P.O. Box

City State Zip Code

Percentage % Date of Trust Trust's Tax Identification Number

SECTION 5: Signature

I hereby revoke all previous beneficiary designations for my Oak Associates Funds IRA. I understand that I may change my beneficiary at any time and that the change is effective when received in writing and accepted by Oak Associates Funds.

Owner's Signature Date (*MM/DD/YY*)

Please mail completed form to:

Mailing Address	Overnight Address
Oak Associates Funds	Oak Associates Funds
P.O. Box 8233	1290 Broadway, Suite 1100
Denver, CO 80201-8233	Denver, CO 80203

If you have any questions, please contact a Shareholder Services Representative at 1-888-462-5386 or visit www.oakfunds.com.