



REGULAR ACCOUNT APPLICATION

Use this application to open a Regular, Joint, UTMA/UGMA, or Trust, Corporation, Business, or Other Entity account.

IMPORTANT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and information that will allow us to identify you. We may also ask to see your driver's license or other government-issued photo identification card.

SECTION 1: Choose Account Type

Individual Account Joint Account

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

Transfer on Death Beneficiary (applies to Individual Accounts only - fill out Transfer on Death section on Account Options Form)

Joint Owner's Name (Last, First, Middle Initial) (if applicable)
Note: Joint ownership means "joint tenants with rights of survivorship" and not "tenants in common," unless you specify otherwise.

Joint 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)

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Day Phone Evening Phone

E-mail Address

Uniform Transfer/Gift to Minor Account (UTMA/UGMA)

Custodian's Name (Last, First, Middle Initial)

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

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

(City, State, Zip)

SECTION 1: Choose Account Type (continued)

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

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Day Phone Evening Phone

E-mail Address

Minor's Name (Last, First, Middle Initial)

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

Trust, Corporation, Business, or Other Entity

Trust/Corporation Name

Trust Date (MM/DD/YY) Tax ID Number (Used for Tax Reporting Purposes)

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

(City, State, Zip)

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

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Day Phone Evening Phone

Name of Trustee/Person with control or authority over account

Social Security Number Date of Birth (MM/DD/YY)

Name of Co-Trustee/Person with control or authority over account

Social Security Number Date of Birth (MM/DD/YY)

Note: Please include copies of any certified trust documents, articles of incorporation, business licenses, or partnership agreements.

You must check one:

- U.S. Citizen
- Resident Alien (must have U.S. tax identification number and domestic address).

SECTION 2: Minimum Investment Per Fund

How would you like to make your initial fund purchase?

- Check** - Make your personal check payable to the Oak Associates Funds and enclose it with your application. We do not accept third party checks (see prospectus for acceptable method of payment).
- Electronically** - Make a one-time withdrawal from the bank account listed in Section 5 for amount indicated below.

Minimum Investment Per Fund: \$2,000 (\$1,000 with a monthly Systematic Investment Plan- fill out Section 3)

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

SECTION 3: Systematic Investment Plan

- Yes (Please complete below) No

This option allows you to make automatic investments into your Oak Associates Funds account directly from your bank checking or savings account.

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 5, if applicable.
- Please Note:
- The minimum systematic investment is \$25.
 - A **signature guarantee** is required if shares are redeemed within 30 days of adding or changing bank information.

SECTION 4: Distribution Options

All dividends and capital gains will be reinvested unless otherwise indicated below.

Dividend distribution: Cash
Capital Gains distribution: Cash

- Check here if you would like cash distributions deposited directly to your bank account.

- Please provide **bank information** in Section 5, if applicable.

SECTION 5: Bank Information

Please provide bank information if you are establishing a systematic investment plan and/or are having cash distributions deposited into your account.

Account type: Checking Savings

Name on Bank Account

Bank Name

ABA Routing Number (First 9 digits at the bottom of the check or deposit slip)

Bank Account Number (Second set of numbers at the bottom of check or deposit slip)

Please attach a voided check or savings deposit slip from the specified bank account.

I authorize the Oak Associates Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that the Oak Associates Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to the Oak Associates Funds. The termination request will be effective as soon as the Oak Associates Funds has had reasonable time to act upon it.

SECTION 6: Telephone & Online Privileges

As a shareholder, you will automatically have access to your accounts via our automated telephone and online computer services unless you specifically decline from them below.

- I DO NOT** want any telephone privileges.
 I DO NOT want online privileges.

SECTION 7: eDelivery

eDelivery allows you to receive your Oak Associates Funds account statements, transaction confirmations, and shareholder mailings via e-mail.

- Check here to sign up for eDelivery.

SECTION 8: Householding

As a shareholder, you will automatically be enrolled in the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, and other similar documents unless you specifically decline below. You may contact the Oak Associates Funds at any time to change the status of your account.

I DO NOT want householding of regulatory documents.

SECTION 9: Signature(s)

I am of legal age, have received and read the Prospectus for the Funds in which I am investing and agree to the terms therein. Under penalties of perjury, I hereby certify that (1) my Tax ID (Social Security) number is correct and (2) I am not subject to backup withholding because: a) I am exempt from the backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) of being subject to backup withholding as a result of a failure to report all interest or dividends; or (c) The IRS has provided notification to me that I am no longer subject to backup withholding (3) I am a U.S. person (including a U.S. Resident Alien). I understand that if I have been notified by the IRS that I am subject to backup withholding as a result of dividend or interest underreporting, and I have not received a notice from the IRS advising me that backup withholding is terminated, I must strike or cross out the information contained in item 2 above. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I authorize the Oak Associates Funds, and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the Oak Associates Funds nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

Per state requirements, property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

Signature Date (MM/DD/YY)

Social Security or Taxpayer ID Number*

* Required exactly as it appears in Section 1. **For Uniform Gift/Transfer to Minor accounts, please use the Social Security Number of the Minor.** The Minor's SSN will be used for tax reporting. The Minor can hold the assets based upon what the state of residency mandates.

Signature (If applicable) Date (MM/DD/YY)

Distributor: ALPS Distributors, Inc. for the Oak Associates Funds

Shares of the Oak Associates Funds are offered by the Distributor. The Distributor is not a bank, and shares of the Fund are not deposits, obligations of, guaranteed, or endorsed by any bank, nor are they federally insured or otherwise supported by the FDIC, the Federal Reserve Board or any other agency.

Please mail completed form to:

Mailing Address
Oak Associates Funds
P.O. Box 8233
Denver, CO 80201-8233

Overnight Address
Oak Associates Funds
1290 Broadway, Suite 1100
Denver, CO 80203

Make your check payable to:

Oak Associates Funds
The Funds do not accept money orders, starter, counter, traveler's, third party or mutual fund money market checks.

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

For Broker/Dealer Use Only	
Broker/Dealer Name	Broker/Dealer Number
Representative Name	Representatives Number
Street Address (Street, City, State, Zip Code)	