OAK
ASSOCIATES FUNDS

IRA TRANSFER/ROLLOVER FORM

IMPORTANT: If transferring to a new Oak Funds account, please complete a new Account Application Form along with Transfer of Assets Form.

SECTION 1: Account Information

Account Number

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 2: Current Custodian

To avoid delays, please confirm your current Custodian's address and if they require a Signature Guarantee. If required please complete Section 5. Attach a copy of the current account statement.

Type of Plan Being Transferred/Rolled Over.

Current Trustee/Custodian/Employer/Plan Administrator

Account Number

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

(City, State, Zip)

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

( ) ( )
Day Phone Evening Phone

SECTION 3: Transfer/Direct Rollover Instructions

I have established an Individual Retirement Account (IRA) with Colorado State Bank & Trust. Please transfer my assets and follow the instructions below.

I Authorize and direct the transfer of the amount stated below to the Oak Associates Funds.

- ❑ 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 $ or %_______________________________________
- ❑ Liquidate ONLY the assets listed below **(For CD's):**
  Account Number_______________________________________
  ❑ Immediately ❑ At maturity on ____________
  date

SECTION 3: Transfer/Direct Rollover Instructions (continued)

- ❑ Directly roll over my qualified plan distribution to my IRA.
- ❑ Open a new account - I have attached my completed IRA application.
- ❑ Invest in my existing Oak Associates Funds IRA account as follows:

Investment Allocation

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 ______ %

In accordance with my custodial agreement or plan document, I hereby authorize my current Trustee/Custodian to deduct any outstanding fees due from my account at the time of transfer to Oak Associates Funds.

Qualified Plan Distribution
I would like a distribution from my qualified plan for the following reason(s):

❑ Termination of Employment ❑ Death ❑ Plan Termination
❑ Attainment of Retirement Age (typically 59 ½)

"In Kind" Transfers
If the account listed in Section 2 contains shares of the Oak Associates Funds family of funds – you may choose to transfer them "in kind." To transfer all other assets, they must be liquidated.

You may not transfer from a Roth IRA to a Traditional IRA or a SEP IRA.

For Certificates of Deposit, redeem: ❑ Immediately ❑ At Maturity ______
Date

Transfer #1

Fund Name/Type of Investment

Account Number

- ❑ Partial Account $______OR _______%
- ❑ Entire Account
- ❑ Transfer "In Kind"
- ❑ Directly rollover my qualified plan
- ❑ Liquidate all assets & transfer entire proceeds

Transfer #2

Fund Name/Type of Investment

Account Number

- ❑ Partial Account $______OR _______%
- ❑ Entire Account
- ❑ Transfer "In Kind"
- ❑ Directly rollover my qualified plan
- ❑ Liquidate all assets & transfer entire proceeds

SECTION 3: Transfer/Direct Rollover Instructions (continued)

Transfer #3

____
Fund Name/Type of Investment

____
Account Number

- ❑ Partial Account $______OR _______%
- ❑ Entire Account
- ❑ Transfer "In Kind"
- ❑ Directly rollover my qualified plan
- ❑ Liquidate all assets & transfer entire proceeds

Make check payable to: Oak Associates Funds
FBO Traditional IRA, SEP IRA, or Roth IRA
Client Name ___________________________
SSN_________________________________

SECTION 4: Authorization/Signatures

Current Trustee/Custodian: I have established an Individual Retirement Account or 403(b)(7) Custodial Account with the Oak Associates Funds and have appointed Colorado State Bank and Trust, N.A. as the custodian. Please accept this as your authorization and instruction to liquidate and/or transfer "in kind" the assets noted above, which your company holds for me.

If I am 70½ years of age or older and have begun taking my minimum required distributions from the account which is being transferred to the Oak Associates Funds, I understand and acknowledge that I am responsible for notifying the Oak Associates Funds of the existence and birth date of any spouse beneficiary which existed on my account as of my required beginning date, as that term is defined in Treasury Regulation 1.401(a)(9); as well as the method of calculation which I elected for determining life expectancy over which required distributions are to be made from the account. Should I fail to provide this information, I understand that future calculations of my minimum required distribution amounts may result in underpayments, which would subject me to a 50% excess accumulations penalty tax.

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

SECTION 5: Signature Guarantee

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

Eligible guarantor's: Commercial Banks
Credit Unions
Member Firms of a domestic stock exchange
Savings Associations
Trust Companies

____
Bank or Dealer Firm

____
Officer's Title

____
Officer's Signature Date *(MM/DD/YY)*

SECTION 6: Colorado State Bank & Trust

To be completed by the Custodian.

This is to inform you that Colorado State Bank and Trust, N.A. will accept the account referenced in Section 2.

This transfer of assets/direct rollover is to be executed from fiduciary to fiduciary and will not place the participant in actual receipt of all or any of the plan assets. No federal income tax is to be withheld from this transfer of assets or direct rollover.

Accepted by Colorado State Bank and Trust, N.A, as Custodian for the Oak Associates Funds.

____
Colorado State Bank & Trust Authorized Representative *(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

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.

[STAMP]