



SEP-IRA CONTRIBUTION ALLOCATION FORM

IMPORTANT: This form allocates employer SEP-IRA contributions to employees' Oak Associates Funds' SEP-IRAs. Please enclose Oak Associates IRA Application Form(s) for all employees who are opening Oak Associates Funds' SEP-IRAs at this time.

SECTION 1: Employer Information

Employer Name _____

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

(City, State, Zip) _____

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

() _____

Phone _____

Email Address _____

SECTION 2: Employer SEP Contributions

Please indicate the total amount of the contribution that you are sending with this form.

\$ _____ For tax year 20 _____

Please enclose a check made payable to: Oak Associates Funds

SECTION 3: Allocation to Employee's IRA

Identify each employee who is covered by this contribution; indicate the amount of the total contribution that goes to each employee, along with investment instructions. If the instructions are on the employee's Oak Associates Funds' SEP-IRA Application Form (which you are sending with this form), check box A. If the contribution is for your employee's existing Oak Associates Funds' IRA(s), check box B and provide the information indicated.

If you need space for additional employees, please enclose an additional piece of paper.

NOTE: Oak Associates Funds cannot accept any contributions without investment instructions. (Even if yours is a "one person company", please complete the section above (Employer Information) and this section providing the information required for yourself as an employee.

Employee One

Employee Name _____

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

Amount of Total SEP Contribution that goes to this Employee's IRA _____

SECTION 3: Allocation to Employee's IRA (continued)

Investment Instructions

A. Employee Oak Funds SEP IRA Application Form enclosed; instructions therein.

OR

B. Deposit to existing employee Oak Funds IRA Account(s) as follows:

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 _____ %

Employee Two

Employee Name _____

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

Amount of Total SEP Contribution that goes to this Employee's IRA _____

Investment Instructions

A. Employee Oak Funds SEP IRA Application Form enclosed; instructions therein.

OR

B. Deposit to existing employee Oak Funds IRA Account(s) as follows:

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: Allocation to Employee's IRA (continued)**Employee Three****Employee Name**

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions **A.** Employee Oak Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Oak Funds IRA Account(s) as follows:

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 _____ %

Employee Four**Employee Name**

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions **A.** Employee Oak Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Oak Funds IRA Account(s) as follows:

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: Allocation to Employee's IRA (continued)**Employee Five****Employee Name**

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions **A.** Employee Oak Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Oak Funds IRA Account(s) as follows:

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 _____ %

Employee Six**Employee Name**

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions **A.** Employee Oak Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Oak Funds IRA Account(s) as follows:

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: Allocation to Employee's IRA (continued)**Employee Seven****Employee Name**

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions **A.** Employee Oak Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Oak Funds IRA Account(s) as follows:

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 _____ %

Employee Eight**Employee Name**

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions **A.** Employee Oak Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Oak Funds IRA Account(s) as follows:

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 4: Signature

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.

Signature (of individual filling out application)

Date (MM/DD/YY)

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.