



## SYSTEMATIC INVESTMENT PLAN FORM

**IMPORTANT:** Use this form to update, change, or add a Systematic Investment Plan.

### SECTION 1: Account Information

Account Number \_\_\_\_\_

Owner's Name (Last, First, Middle Initial) \_\_\_\_\_

Owner's Social Security Number/Tax ID \_\_\_\_\_ 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) \_\_\_\_\_

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: 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.

I would like to:

Establish or  Modify 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)	\$ _____
<b>Total Amount</b>	\$ _____

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 3, if applicable.
- Please Note:
  - 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 3: Bank Information

I would like to **add** bank information to this account to authorize purchases via ACH transfer.

I would like to **modify** my current bank information to this account to authorize purchases via ACH transfer.

I would like to **use** my current bank information on this account to authorize purchases via ACH transfer.

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.**

### SECTION 4: Signatures

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.

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.

**ALL owners of this account must sign below:**

Owner or Trustee Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

Joint Owner's Signature (if applicable) \_\_\_\_\_ 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

If you have any questions, please contact a Shareholder Services Representative at 1-888-462-5386 or visit [www.oakfunds.com](http://www.oakfunds.com).