



# OAK

ASSOCIATES FUNDS

## ROTH IRA APPLICATION

Use this ROTH IRA Application to open a ROTH IRA.

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) 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, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-888-462-5386.

Please note that a \$10.00 annual maintenance/custodian fee will be charged. You may qualify for a waiver of the annual fee by maintaining any of the following: a) an active Automatic Investment Plan within this account, b) a combined balance of \$10,000 or greater across all accounts held with Oak Associates Funds under your social security number, or c) an election to receive your statements via electronic delivery

**PART I-A: ROTH IRA OWNER INFORMATION (\*DENOTES REQUIRED INFORMATION)**

(Note: If this Roth IRA is established as an Inherited Roth IRA, the Roth IRA Owner is the deceased IRA Owner or plan participant)

Owner's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)* Apartment #		City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Date of Death (if applicable)	Daytime Phone*		Evening Phone	

Check to indicate the IRA is established after the death of the individual named above, with either a direct rollover or transfer. If checked, complete Part I-B of the Roth IRA Application.

**PART I-B: INHERITED ROTH IRA OWNER INFORMATION (COMPLETE THIS SECTION FOR INHERITED ROTH IRAS ONLY)**

\*Note: Inherited Roth IRAs may only be established with assets acquired by a non-spouse beneficiary due to the death of the individual named above.

Owner's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)* Apartment #		City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Daytime Phone*		Evening Phone		

**PART II: CONTRIBUTION INFORMATION**

Source of Funds (Select One):

- Regular/Spousal Contribution      Amount: \_\_\_\_\_      Tax Year: \_\_\_\_\_
- 
- Conversion      Current Oak Associates Account Number: \_\_\_\_\_      Amount: \_\_\_\_\_  
 Current Account Type:     Traditional IRA       SEP IRA       SIMPLE IRA\*
- 
- Recharacterization      Amount: \_\_\_\_\_      Tax Year: \_\_\_\_\_
- 
- Direct Transfer    (Note: Select this option only if you are transferring assets directly from another Roth IRA)
- 
- Rollover      Source:     Roth IRA     Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))
- 
- Other      Explain \_\_\_\_\_

\*You may not convert SIMPLE IRA assets to a Roth IRA until at least two years have elapsed from the time of your initial participation in your employer’s SIMPLE IRA plan. **Important: Contributions made to your Roth IRA will be for the current tax year unless you specify prior year.**

\*Note: The Funds’ initial investment minimum is \$2,000.

**PART III: INVESTMENT SELECTION**

Name of Investment	Share Class	Total Investment 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		\$

**PART IV: BENEFICIARY DESIGNATION**

Roth IRA Owner (or Inherited Roth IRA Owner) designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the Roth IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the Roth IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Custodian.

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above. Sign and date the sheet.

To name a trust as your beneficiary, attach to this form either a copy of the trust agreement or a certification, in writing, acceptable to the Roth IRA Custodian.

**PART V: DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate statement to:

Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART VI: PAYMENT METHOD**

You can open your account by either of these methods. Please check your choice:

- By Check** - Enclose a check payable to the Oak Associates Funds for the total amount.
- Wire** - A shareholder services representative will contact you with your account number so the wire can be routed appropriately.

*(Third party checks, starter checks, counter checks, traveler's checks, checks drawn on non-U.S. financial institutions, money orders, credit card checks, and cash are not acceptable.) Note: Cashier's checks and bank official checks may be accepted in amounts greater than \$10,000.*

**PART VII: SPOUSAL CONSENT**

Complete this section only if you, the Roth IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited Roth IRA, seek competent legal/tax advice to see if spousal consent is required.

**CONSENT OF SPOUSE**

By signing below, I acknowledge that I am the spouse of the Roth IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X \_\_\_\_\_ Date: \_\_\_\_\_

Witness:

X \_\_\_\_\_ Date: \_\_\_\_\_

**PART VIII: ACKNOWLEDGEMENT** (Note: This Application will not be processed unless signed below by the Roth IRA Owner or Inherited Roth IRA Owner.)

By signing this Roth IRA Application, I certify that the information I have provided is true, correct, and complete, and the Custodian (U.S. Bank N.A.) may rely on what I have provided. In addition, I have read and received copies of the Roth IRA Application, IRS Form 5305-RA, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the Roth IRA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the Roth IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited Roth IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited Roth IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of Roth IRA Owner (or Inherited Roth IRA Owner):

X \_\_\_\_\_ Date: \_\_\_\_\_

**PART IX: MAILING INSTRUCTIONS**

Please send completed application to:

Regular Mail Delivery  
Oak Associates Funds  
P.O. Box 46707  
Cincinnati, OH 45246-0707

Overnight Delivery  
Oak Associates Funds  
225 Pictoria Dr, Suite 450  
Cincinnati, OH 45246