



OAK
ASSOCIATES FUNDS

Automatic Investment Plan Authorization

Name _____ Account Number _____

Each month, I would like to have Ultimus Fund Solutions, LLC (the "Transfer Agent") draw an Automated Clearing House (ACH) debit electronically against the account of my Financial Institution listed below, to purchase shares of the funds as indicated.

Frequency

- Monthly
- Quarterly*

*Mar, Jun, Sept, Dec
Unless Otherwise Noted

Day of the Month (e.g. 1st, 10th, 15th): _____

Beginning in the Month of: _____

(Next Available Investment Date If No Election)

Fund Election

Amount

(\$25 minimum per fund)

- | | |
|---|----------|
| <input type="checkbox"/> White Oak Select Fund (WOGSX) | \$ _____ |
| <input type="checkbox"/> Pin Oak Equity Fund (POGSX) | \$ _____ |
| <input type="checkbox"/> Rock Oak Core Growth Fund (RCKSX) | \$ _____ |
| <input type="checkbox"/> River Oak Discovery Fund (RIVSX) | \$ _____ |
| <input type="checkbox"/> Red Oak Technology Select Fund (ROGSX) | \$ _____ |
| <input type="checkbox"/> Black Oak Emerging Technology Fund (BOGSX) | \$ _____ |
| <input type="checkbox"/> Live Oak Health Sciences Fund (LOGSX) | \$ _____ |

I understand that my ACH debit will be dated each month on or before the day specified above. I agree that if such debit is not honored upon presentation, the Transfer Agent may discontinue this service, and any purchase of Fund shares may be reversed. I further understand that the net asset value of shares of the Fund at the time of such reversal may be less than the net asset value on the day of the original purchase. The Transfer Agent is authorized to redeem sufficient additional full and fractional shares from my account to make up the deficiency. The Automatic Investment Plan may be discontinued by the Transfer Agent upon 30 days' written notice or by the investor by written notice to the Transfer Agent provided the notice is received not later than 5 business days prior to the specified investment date.

SIGNATURE OF DEPOSITOR

Mark one of your personal checks "VOID" and attach the voided check to this application, and fill in the information above. As soon as your Financial Institution accepts your authorization, debits will be generated and purchases of Fund shares will begin. Please note that your Financial Institution must be able to accept ACH transactions. Please allow one month for processing of this Automatic Investment Plan option before the first debit occurs.

Please return completed form via fax or mail to:

**Oak Associates Funds
Shareholder Services
P.O. Box 46707
Cincinnati, Ohio 45246-0707
Fax # 1-877-513-0756**

Attach voided check here