

NEW ACCOUNT APPLICATION

Use this New Account Application to open an individual, joint, UGMA/UTMA, trust, or corporate account.

IMPORTANT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, you will be asked for your name, date of birth (for a natural person), your residential address or principal place of business, and mailing address, if different, as well as your Social Security Number or Taxpayer Identification Number. Additional information is required for corporations, partnerships, and other entities. Applications without such information will not be considered in good order. The Fund reserves the right to deny an application if it is not in good order. Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

Please make checks payable to: The Oberweis Funds

The Fund does not accept investments from (i) individuals or entities without a U.S. Social Security Number/Tax Identification Number and a U.S. address or (ii) Foreign Financial Institutions as defined in the USA PATRIOT Act.

Please complete the application and mail in the postage paid envelope to:

The Oberweis Funds P.O. Box 711

Milwaukee, WI 53201-0711

For assistance in completing this application, please call 800-245-7311.

Please choose the appropriate section to complete based upon the Account type you wish to establish. Note, if you are completing Section 1-D, it is required that you provide beneficial owner information and authorized Controlling Individual.

1-A. INDIVIDUAL OR JOINT ACCOUNT OWNER INFO	ORMATION	
☐ Individual or ☐ Joint* (may not be a minor)		
Name		Taxpayer ID Number
Residence Address		
Mailing Address		
Primary Phone		Email Address
Date of Birth		
*Fill out section below if joint account.		
Name		Taxpayer ID Number
Residence Address		
Mailing Address		
Primary Phone		Email Address
Date of Birth		
1-B. UNIFORM GIFT/TRANSFERS TO MINOR ACCOU	UNT OWNER INFORMATION (UGMA, UTMA)	
Minor Name		Minor Taxpayer ID Number
Minor Residence Address		Minor Date of Birth
Custodian Name		Custodian Taxpayer ID Number
Custodian Residence Address		
Custodian Mailing Address		
Custodian Primary Phone	Custodian Email Address	Custodian Date of Birth

oberweisfunds.com 04/16



1-C. TRUST OWNER INFORMATION					
Note: For a Statutory Trust, please complete the Entity section in 1-D. Photocopy of the title page and signature page of Trust documents required.					
Name of Trust	Date of Trust	Trust Tax ID Number			
Mailing Address					
Trustee		Trustee Tax ID Number			
Residence Address					
Mailing Address					
Primary Phone	Email Address	Date of Birth			
Additional Trustee		Additional Trustee Tax ID Number			
Residence Address					
Mailing Address		_			
Primary Phone	Email Address	Date of Birth			
1-D. ENTITY ACCOUNT OWNER INFORM	MATION				
Choose from one of the following:					
☐ Statutory Trust ☐ C-Corporation ☐	☐ S-Corporation ☐ Partnership ☐ G	Government			
 Limited Liability Company (LLC) Classification 	ed for tax purposes by one of the followin	ng: 🗌 Partnership 🔲 S-Corporation 🗎 C-Corporation			
Organization documentation required, suc	ch as articles of incorporation. If a Statuto	ory Trust, please include entire trust instrument.			
Check if appropriate: ☐ I am an exemp	ot recipient as defined under U.S. federal i	income tax regulations (e.g., C-Corporation, financial institution,			
registered broker-dealer, or tax-exempt or	ganization).				
Exempt Payee Code (Please see IRA Form W-9 for a list of exempt)	payee codes.)				
Name of Entity		Entity Tax ID Number			
Permanent Address					
Mailing Address					
Certification of Beneficial Owners for Le	and Entity Clients				
	9	ment information for individuals who own and/or control a legal entity.			
To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial					
Secretary of State or similar office, a gene	owners of legal entity customers. A legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in The United States of America or a foreign country. A legal entity				
		ons opening accounts on their own behalf.			
Do not complete if the entity is publically t	raded on an exchange or subject to ERISA	A.			
Beneficial Owners Identify each individual who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.					
☐ Check this box if no individual owns 259	% or more of the legal entity and that you	will inform the Fund if/when an individual assumes 25% or more ownership.			
Beneficial Owner 1					
Name		Taxpayer ID Number Date of Birth			
Residence Address					





1-D. ENTITY ACCOUNT OWNER INFORMATION (continued)			
12. Ethir Account Similar of Marien (commissed)			
Beneficial Owner 2			
Name	Taxpayer ID Number	Date of Birth	
Traine .	laxpayer is Number	Sate of Birth	
Residence Address			
Beneficial Owner 3			
Name	Taxpayer ID Number	Date of Birth	
Residence Address			
Beneficial Owner 4			
beneficial Owner 4			
Name	Taxpayer ID Number	Date of Birth	
Residence Address			
Authorized Controlling Individual			
Provide information for one individual with significant responsibility for managing to (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.).	he legal entity		
Name	Taxpayer ID Number	Date of Birth	
Residence Address			
2. MAILING ADDRESS			
Applications will only be accepted if they contain a U.S. or Puerto Rican permanent str	eet address. P.O. boxes and/or foreign addre	esses are not acceptable.	
Owner's Mailing Address			
City, State, ZIP Code			
Daytime Telephone	Evening Telephone		
Email Address	Fax Number		
☐ Joint (Joint Owner's/Custodian's information required if different than provided above.)	☐ Duplicate Confirmations [☐ Broker Information	
Name (First, Middle, Last)			
Address	City, State, ZIP Cod	е	
Daytime Telephone	Evening Telephone	•	
Email Address	Fax Number		
Broker-Dealer Rep Name	Rep#		
3. EXEMPT ENTITIES			
Certain entities (publicly traded companies, ERISA plans, banks, or government agencies) are exempt from the new identification requirements. If you are completing the application for an exempt entity, please state below the exact nature of the exemption and certify your statement by signature in Section 10.			
Yes, the investing entity is exempt for the following reason(s):			



4. YOUR INVESTMENT					
Minimum initial investment: \$1,000 (\$100 with an Automatic Investment Plan) ☐ Purchase by check. ☐ Purchase by wire. Call 800-245-7311 for instructions.					
Name of Investment	Allocation				
Oberweis Micro-Cap Fund	\$	OR	%		
Oberweis Global Opportunities Fund	\$	OR	%		
Oberweis Small-Cap Opportunities Fund	\$	OR	%		
Oberweis China Opportunities Fund	\$	OR	%		
Oberweis International Opportunities Fund	\$	OR	%		
Oberweis Emerging Markets Fund	\$	OR	%		
Oberweis Small-Cap Value Fund	\$	OR	%		
5. DIVIDEND AND CAPITAL GAINS INSTRUCTIONS					
All dividends will be reinvested automatically unless one of the following is checked: Send all dividends and capital gains to the address in Section 2, or Send all the dividends and capital gains to the bank account indicated in Section 9.					
6. TELEPHONE TRANSACTIONS					
As an Oberweis Funds shareholder,* you have the ability to conduct purchase, ex transaction privileges in order to conduct Internet transactions (Section 7).	change, and redemp	otion transactions by tel	lephone. You must have telephone		
You will automatically be granted telephone exchange and redemption privileges unless you decline them by checking below. If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.					
☐ I decline telephone exchange and redemption privileges. All requests to redeem shares from this account must be submitted in writing.					
*Additional documentation is required for Corporations, Partnerships, or Other Entities.					
7. INTERNET TRANSACTIONS					
You can conduct purchase, exchange, and redemption transactions on the Internet through our website by enrolling for online transaction privileges at oberweisfunds.com. Please note that you must have telephone privileges (see Section 6) in order to sign up for online transactions. In addition, you must have ACH instructions on your account (see Section 9) in order to sign up for online purchases and have redemption proceeds sent to you via ACH and wire.					
You will have the ability to establish online transaction privileges unless you decline them by checking below. If you decline, you will be required to submit a					
Medallion signature guaranteed letter of instruction signed by all registered account owners to add any online transaction privileges in the future. ☐ I decline online transaction privileges.					
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8. AUTOMATIC INVESTMENT PLAN					
This option allows you to make automatic monthly or quarterly purchases into your Oberweis Funds account(s) directly from your bank account. To establish a new account with this program, you must initially invest at least \$100 per account and subsequent investments must be at least \$100 per purchase for at least a one-year period. You must also include the bank information in Section 9. If more than one automatic purchase is desired, please attach on a separate page.					
Fund Name	\$ Amount (\$100 minimum)				
	Amount (\$100 HIIIIIIIIIIIII)				
Begin Investments (month, year)					
Choose One:*	Choose One:*	th.			
☐ Monthly ☐ Quarterly *If no time frame or date is specified, investments will be made monthly on the 20th or on the	☐ 5th ☐ 20t		r holiday. Your first automatic investment will		

occur no sooner than 15 days after receipt of this application.





9. BANK INFORMATION (voided check required)			
Complete this section if you would like to add funds to your account electronically (ACH) or have redemption process.	eeds sent to your bank electronically (wire or ACH).		
Bank Name Bank Phone Number			
Bank Address City, State, ZIP Code			
Balik Aduless City, State, zir Code			
Name(s) on Bank Account			
Bank Account Number ABA Number (available fro	om your bank)		
Type of account:			
☐ Checking Account (voided check required*) ☐ Savings Account			
*If information on voided check differs from information on this application, the information from the voided check	will be used.		
10. ACKNOWLEDGEMENT AND SIGNATURE			
All account owners/trustees must sign.			
Federal law requires us to obtain, verify, and record information that identifies each person who ope	ens an account. Therefore, when you open an account, you will		
be asked for your name, address, date of birth, and other information that will allow us to identify you identifying documents. If you are a non-resident alien, please indicate below.			
Non-Resident Alien (Country)			
All accounts, including those for non-resident aliens, must have a U.S. address.			
By signing below:			
• I certify that I have received and read the current Prospectus of the Fund in which I am investing a reference. I certify that I have the authority and legal capacity to make this purchase and that I am			
I authorize The Oberweis Funds and its agents to act upon instructions (by phone, in writing, or by other means) believed to be genuine and in accordance with procedures described in the Prospectus for this account. I agree that neither The Oberweis Funds nor its transfer agent will be liable for any loss, cost, or expens for acting on such instructions.			
• I certify that I am not a foreign financial institution as defined in the USA PATRIOT Act.			
By completing Section 9 and signing below:			
I authorize credits/debits to/from the bank account referenced in conjunction with the account option	ns selected. Lagree that The Oberweis Funds shall be fully		
protected in honoring any such transaction. I also agree that The Oberweis Funds may make additionand I will be liable for any associated costs. All account options selected (if any) shall become part of thereof.	onal attempts to credit/debit my account if the initial attempt fails		
Under penalty of perjury, I certify that:			
1. The Social Security Number or Taxpayer Identification Number shown on this application is o	correct.		
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; o notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a re all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding as a result interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding as a result interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding as a result interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding as a result interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding as a result interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding as a result interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding as a result interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding as a result interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding and the IRS has notified me that I am no longer subject to backup withholding and the IRS has notified me that I am no longer subject to backup withholding and the IRS has notified me that I am no longer subject to backup withholding and the IRS has notified me that I am no longer subject to backup withholding and the IRS has notified me that I am no longer subject to backup withholding and the IRS has notified me that I am no longer subject to backup withholding and the IRS has notified me that I am no longer subject to backup withholding and IRS has notified me that I am no longer subject to backup withholding and IRS has notified me that I am no longer subject to backup withholding and IRS has not the IRS has not	esult of a failure to report		
3. I am a U.S. person (including a U.S. resident alien).			
4. I am exempt from FATCA reporting.			
Cross out Item 2 if you have been notified by the IRS that you are currently subject to backup w	vithholding.		
The Internal Revenue Service does not require your consent to any provision of this document certifications required to avoid backup withholding.	other than the		
(All owners/trustees must sign. For UGMA/UTMAs, custodian should sign.)			
Signature of Individual Owner, Trustee, or Custodian Date			
Signature of Joint Ourge Trustee or Custadion life analysis let			
Signature of Joint Owner, Trustee, or Custodian (if applicable) Date			

Go paperless!

You can receive shareholder reports (prospectus, annual reports, and semi-annual reports) and statements electronically. To enroll for this service, please visit oberweisfunds.com.

Additional Owner's Signature (if applicable)

Date