

Please note that this form can only be used for the Oberweis Institutional products.

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 entity that opens an account. When you establish an account, you will be asked for your residential address or principal place of business and mailing address, if different, as well as the associated 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.

Mailing Instructions

Please send completed form to:

Regular Mail Delivery

The Oberweis Funds
P.O. Box 711
Milwaukee, WI 53201-0711

Overnight Delivery

The Oberweis Funds
C/O UMB Fund Services, Inc.
235 W Galena Street
Milwaukee, WI 53212-3948

If you have any questions about completing this form, please contact Shareholder Services at 800-245-7311.

1. OWNER INFORMATION

Choose from one of the following: Trust C-Corporation S-Corporation Partnership Government Other Entity: _____
 LLC classified for tax purposes by one of the following: Partnership S-Corporation C-Corporation

Documentation such as a trust instrument, corporate resolution, and/or authorized signers list may be required at the time of account setup. Please contact Shareholder Services at 800-245-7311 to verify what documentation is required for your particular account.

Name of Trust/Corporation/Entity Trust/Corporation/Equity Tax ID Number Date of Trust

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

Additional Trustee Additional Trustee Tax ID Number

Residence Address

Mailing Address

Primary Phone Email Address

Date of Birth

2. DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name

Mailing Address

3. PAYMENT METHOD

You can open your account using any of these methods. The minimum initial purchase for each fund is \$1,000,000. Please check your choice:

- By Check** Enclose a check payable to The Oberweis Funds for the total amount.
- By Wire** For wire instructions call 800-245-7311.

4. INVESTMENT DETAILS

Name of Investment	Amount to Be Invested
Oberweis International Opportunities Institutional Fund	\$ _____
Oberweis Emerging Growth Institutional Class	\$ _____
Oberweis Micro Cap Fund Institutional Class	\$ _____
Oberweis Small Cap Fund Institutional Class	\$ _____
Oberweis China Opportunities Fund Institutional Class	\$ _____
Oberweis Small-Cap Value Fund Institutional Class	\$ _____

5. DIVIDEND AND CAPITAL GAINS INSTRUCTIONS

All dividends will be reinvested unless one of the following is checked:

- Send all dividends and capital gains to the address in Section 1. Send all dividends and capital gains to the bank listed in Section 6.

6. ACCOUNT SERVICE OPTIONS
Bank Account Information

Provide information about your checking or savings account below. Please select one of the following:

- Attach a voided check or deposit slip for your bank account. *Please use tape; do not staple.* Provide information about your bank account below.

Account Type: Checking Savings

Name _____

Bank Name _____ Bank Phone Number _____ ABA Routing Number _____

Bank Address _____

Name(s) on Bank Account _____ Bank Account Number _____

Tape your voided check or preprinted deposit slip here.
Please DO NOT use staples.

7. PRIVACY NOTICE

The Fund collects nonpublic information about you from the following sources:

- Information we receive about you on the application form or other forms;
- Information you give us orally; and/or
- Information about your transactions with us or others.

We do not disclose any nonpublic personal information about our shareholders or former shareholders without the shareholder's authorization, except as permitted by law or in response to inquiries from governmental authorities. We may share information with affiliated and unaffiliated third parties with whom we have contracts for servicing the Fund. We will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibilities. We maintain physical, electronic, and procedural safeguards to guard your nonpublic personal information and require third parties to treat your personal information with the same high degree of confidentiality. In the event that you hold shares of the Fund through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your nonpublic personal information would be shared by those entities with unaffiliated third parties.

8. ACKNOWLEDGEMENT AND SIGNATURE (NOTE: This application will not be processed unless signed below by all account owners/trustees.)**By signing below:**

- I certify that I have received and read the current Prospectus and Privacy Notice of the Fund in which I am investing and agree to be bound by its terms and conditions. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I authorize the Fund and its agents to act upon instructions (by phone, in writing, or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost, or expense 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 6 and signing below:

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the Fund shall be fully protected in honoring any such transaction. I also agree that the Fund may take additional attempts to credit/debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations, and conditions thereof.

Under penalty of perjury, I certify that:

- 1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.**
- 2. I am not subject to back-up withholding because: (a) I am exempt from back-up withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to back-up withholding.**
- 3. I am a U.S. person (including a U.S. resident alien).**

Note: Cross out item 2 if you have been notified by the IRS that you are currently subject to back-up withholding.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

X

Signature of Owner, Trustee, or Custodian

Date

X

Signature of Joint Owner, Trustee, or Custodian

Date

X

Additional Owner's Signature (if applicable)

Date