

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**Entity (choose from one of the following):**

- Statutory Trust C-Corporation S-Corporation Partnership Government Other Entity _____
- Limited Liability Company (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.

Check if appropriate: I am an exempt recipient as defined under U.S. federal income tax regulations (e.g., C-Corporation, financial institution, registered broker-dealer, or tax-exempt organization).

Exempt Payee Code (Note: Please see IRS 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 Legal Entity Clients

This information is required by federal regulations as a means to identify and document 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 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 does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

Do not complete if the entity is publically traded on an exchange or subject to ERISA.

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 25% 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 _____

Beneficial Owner 2

Name _____ Taxpayer ID Number _____ Date of Birth _____

Residence Address _____

Beneficial Owner 3

Name _____ Taxpayer ID Number _____ Date of Birth _____

Residence Address _____

1. OWNER INFORMATION (continued)

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 the legal entity (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.).

Name	Taxpayer ID Number	Date of Birth
Residence Address		

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 Global Opportunities Institutional Class	\$ _____
Oberweis Micro-Cap Fund Institutional Class	\$ _____
Oberweis Small-Cap Opportunities Fund Institutional Class	\$ _____
Oberweis China Opportunities Fund Institutional Class	\$ _____
Oberweis Small-Cap Value Fund Institutional Class	\$ _____
Oberweis Emerging Markets Fund Institutional Class	\$ _____

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 1. Send all the dividends and capital gains to the bank account indicated 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 Checking

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 backup 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.

Signature of Owner, Trustee, or Custodian

Date

Signature of Joint Owner, Trustee, or Custodian

Date

Additional Owner's Signature (if applicable)

Date