

**Use this IRA application to open a traditional, SEP, OR Roth IRA.**

**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.

**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

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

**Select type of IRA:**    Traditional IRA    SEP IRA    Roth IRA

**1-A. IRA OWNER INFORMATION** (deceased individual if established as inherited IRA, responsible party of IRA is for a minor)

Name _____	Taxpayer ID Number _____
Residence Address _____	
Mailing Address _____	
Primary Phone _____	Email Address _____
Date of Birth _____	Date of Death (if applicable) _____

 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 Section 1-B of the *IRA Application*. If you are a spouse claiming the IRA as your own, do not complete the section below.

**1-B. INHERITED OR MINOR IRA OWNER INFORMATION** (complete this section for Inherited IRA or minor IRA only)

Note: Inherited IRAs may only be established with assets acquired by a nonspouse beneficiary due to the death of the individual name above.

Name _____	Taxpayer ID Number _____
Residence Address _____	
Mailing Address _____	
Primary Phone _____	Email Address _____
Date of Birth _____	

**2. CONTRIBUTION INFORMATION**
**Source of funds (select one):**

<input type="checkbox"/> Regular/Spousal Contribution	Amount: _____	Tax Year(s): _____
	Amount: _____	Tax Year(s): _____
<input type="checkbox"/> Recharacterization (Complete a Recharacterization Form)		
<input type="checkbox"/> Conversion	Amount: _____	Source: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP/SIMPLE IRA*
<input type="checkbox"/> Employer SEP Contribution	Amount: _____	
<input type="checkbox"/> Direct Transfer (Complete a Transfer Form)	Source: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA*	
<input type="checkbox"/> Rollover	Source: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA*	
	<input type="checkbox"/> Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))	
	<input type="checkbox"/> Roth Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))	
<input type="checkbox"/> Other	Explain: _____	

*\*You may not transfer or rollover SIMPLE IRA assets to a traditional IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan  
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.*

**3. PAYMENT METHOD**

You can open your account using any of these methods. The minimum initial purchase for each fund is \$500. 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.
- Other**                              Explain: \_\_\_\_\_

**4. INVESTMENT SELECTION**

Name of Investment	Allocation
Oberweis Global Opportunities Fund	\$ _____ OR _____ %
Oberweis Micro-Cap Fund	\$ _____ OR _____ %
Oberweis Small-Cap Opportunities Fund	\$ _____ OR _____ %
Oberweis China Opportunities Fund	\$ _____ OR _____ %
Oberweis International Opportunities Fund	\$ _____ OR _____ %
Oberweis Emerging Markets Fund	\$ _____ OR _____ %
TOTAL \$ _____ OR _____ %	

- Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

**5. BENEFICIARY DESIGNATION**

IRA owner (or inherited IRA owner) designates 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 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 IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. The most current beneficiary designation on file with the custodian at the time of death will govern. 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     Nonspouse

Name \_\_\_\_\_ Taxpayer ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

**Type:**  Primary     Contingent    Share Percentage: \_\_\_\_\_%    Relationship to IRA Owner:  Spouse     Nonspouse

Name \_\_\_\_\_ Taxpayer ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

**Type:**  Primary     Contingent    Share Percentage: \_\_\_\_\_%    Relationship to IRA Owner:  Spouse     Nonspouse

Name \_\_\_\_\_ Taxpayer ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

**6. SPOUSAL CONSENT**

Complete this section only if you, the 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 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 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.

**X**

Signature of Spouse

Date

**7. ACCOUNT SERVICE OPTIONS FOR YOUR IRA** (do not complete this section for inherited IRAs)**Automatic Investment Program** (The completion of this section is optional.)

This option provides an automatic investment into your IRA by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. The automatic investment program may require a minimum deposit. Other account restrictions may also apply. Please provide all of your bank account information AND attach a voided check or deposit slip. Contributions made to your IRA using the automatic investment option will be for the *current tax year*.

**Frequency**

Choose One:\*  Monthly  Quarterly  Choose One:\*  5th  10th  15th  20th  25th Begin Date: (month/year): \_\_\_\_\_

*\*If no time frame or date is specified, investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application.*

**Investment Information**

The Oberweis Funds \$  
Amount

**Bank Account Information**

Provide information about your checking or savings account to establish an automatic investment program by ACH. 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.*

**Telephone Transactions**

This option provides the ability to conduct purchase and redemption transactions by telephone. You will automatically be granted telephone 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 redemption privileges. All requests to redeem shares from this account must be submitted in writing.

**8. DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate statement to:

Name

Mailing Address

**9. FOR DEALER USE ONLY**

If dealer information is included in this section, your purchase will be made at the public offering price, unless otherwise instructed.

Representative's Full Name

Representative's Signature

Date

Financial Institution Name

Mailing Address, City, State, Zip

Representative's Branch Office Phone

Email Address

Dealer Number

Branch Number

Representative Number

**10. WITHHOLDING NOTICE AND ELECTION FORM (Form W4P/OMB No. 1545-0074) Department of Treasury, Internal Revenue Service**

*Withholding election is not necessary for Roth accounts.*

**NOTICE:** The distributions you receive from your IRA are subject to federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, Withholding Certificate for Pension or Annuity Payments, or substitute Form W-4P to the custodian. Withholding will apply to the total amount of the distribution, whether taxable or not. If you waive withholding on your IRA distribution, or if you do not have enough federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You are responsible for determining and paying all federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, 10% will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. If you are a non-resident alien, you may not use Form W-4P to withhold income tax or to waive withholding.

**Election:** Unless you indicate a different withholding amount below or you waive withholding by indicating your election below, 10% will be withheld from your IRA distribution.

- I do not want federal income tax withheld from my distribution from this account.
- I want federal income tax of 10% withheld from my distribution from this account.
- I want federal income tax of \_\_\_\_\_% (greater than 10%) withheld from my distribution from this account.

**State Tax Withholding Election**

Unless you waive state taxes below, state taxes will also be withheld if, at the time of your distribution, your address is within one of the mandatory withholding states.

- I do not want state income tax withheld from my distribution from this account.

Please refer to the list of mandatory state withholding rates included on the Tax Withholding Information Addendum. To obtain a copy of the addendum, please visit the Fund's website or contact a Shareholder Services representative at 800-245-7311. You may change your state withholding election on your IRA distribution by submitting the change in writing to the custodian. Please contact a tax professional regarding the possible tax implications prior to making a redemption request.

**11. ACKNOWLEDGEMENT (Note: This application will not be processed unless signed below by the IRA owner (or inherited IRA owner).)**

By signing this application, I certify that the information I have provided is true, correct, and complete, and the custodian, UMB Bank, n.a., may rely on what I have provided. In addition, I have read and received copies of the application, the applicable IRS form, 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 IRA transactions I conduct, and I will indemnify and hold the custodian and its agents 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 IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an inherited IRA owner, I understand the distribution requirements and the contribution limitations applicable to inherited IRA owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the custodian.

**X**

Signature of IRA Owner (or Inherited IRA Owner or Responsible Party)

Date