

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 INFORMATION

| Name | Taxpayer ID Number |
|---|------------------------|
| | |
| Residence Address | |
| | |
| Mailing Address | |
| | |
| Primary Phone | Email Address |
| | |
| Date of Birth | |
| | |
| *Fill out section below if joint account. | |
| | |
| Nee | Technologi ID Museling |
| Name | Taxpayer ID Number |
| Residence Address | |
| Resultice Address | |
| Mailing Address | |
| mulling Address | |
| Primary Phone | Email Address |
| | |
| | |

Date of Birth

1-B. UNIFORM GIFT/TRANSFERS TO MINOR ACCOUNT 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 |

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 |
| liustee | | Indice lovid indirider |
| 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 INFORMATION | | |
| Choose from one of the following: | | |
| □ Statutory Trust □ C-Corporation □ S-Corporat | ion 🛛 Partnership 🔲 Government 🔲 Other Entit | V |
| | | J |
| <u> </u> | | |
| Limited Liability Company (LLC) Classified for tax purposes by one of the following: 🗌 Partnership 🔲 S-Corporation 🗌 C-Corporation | | |
| Organization documentation required, such as articles of incorporation. If a Statutory Trust, please include entire trust instrument. | | |
| 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 (Please see IRA Form W-9 for a list of exempt payee codes.) | | |
| instance of the second of the second of the second 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



1-D. ENTITY ACCOUNT OWNER INFORMATION (continued)

| Beneficial Owner 2 | | |
|--|---------------------------------------|-------------------------------|
| Name | Taxpayer ID Number | Date of Birth |
| Residence Address | | |
| Beneficial Owner 3 | | |
| Name | Taxpayer ID Number | Date of Birth |
| Residence Address | | |
| 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. MAILING ADDRESS | | |
| Applications will only be accepted if they contain a U.S. or Puerto Rican permanent stre | et address. P.O. boxes and/or foreign | addresses are not acceptable. |
| Owner's Mailing Address | | |
| City, State, ZIP Code | | |
| Daytime Telephone | Evening Te | lephone |
| Email Address | Fax Numbe | if |
| □ 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 Code |
| Daytime Telephone | Evening Te | lephone |
| Email Address | Fax Numbe | 4 |
| 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. The Oberweis Focused International Growth Fund minimum investment: \$100,000)

□ Purchase by wire. Call 800-245-7311 for instructions.

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

5. DIVIDEND AND CAPITAL GAINS INSTRUCTIONS

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

- $\hfill\square$ Send all dividends and capital gains to the address in Section 2, or
- \square 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, exchange, and redemption transactions by telephone. You must have telephone transaction privileges in order to conduct Internet transactions (Section 7).

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.

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) |
| | |
| Begin Investments (month, year) | |
| | |
| Choose One:* | Choose One:* |
| Monthly Quarterly | □ 5th □ 20th |

*If no time frame or date is specified, investments will be made monthly on the 20th or on the first business day after if it falls on a weekend or holiday. Your first automatic investment will occur no sooner than 15 days after receipt of this application.

oberweisfunds.com



9. BANK INFORMATION (voided check required)

Complete this section if you would like to add funds to your account electronically (ACH) or have redemption proceeds sent to your bank electronically (wire or ACH).

| Bank Name | Bank Phone Number |
|-------------------------|---------------------------------------|
| | |
| Bank Address | City, State, ZIP Code |
| | |
| Name(s) on Bank Account | |
| | |
| Bank Account Number | ABA Number (available from 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. COST BASIS ELECTION

The Fund is responsible for tracking and reporting to the IRS, your realized gains and losses on covered shares. In general, these are shares acquired on or after Jan. 1, 2012. Purchases or transfers made into your account with shares acquired prior to January 1, 2012, are referred to as non-covered shares. For all methods except Specific Identification, the fund redeems non-covered shares first until they are depleted and then applies your elected method to your remaining covered shares.

The Fund's **default** tax lot identification method is **Highest In, First Out Long-Term (HIFL)**, which means share lots with the highest cost, long-term will be sold first. You may choose another method below. If no option below is selected, your account will use the Fund's default method. If you are using Average Cost as your method, by signing this application you agree to use the fair market value of the shares if the gift is at a loss. **IRS Regulations do not permit the change of the method on a settled trade.**

□ I choose the funds default method of HIFL.

- □ I choose a method other than HIFL (select a method below).
 - □ FIFO First In, First Out (Share lots purchased first will be sold first.)
 - □ LIFO Last In, First Out (Share lots purchased last will be sold first.)
 - □ Specific Identification (You direct Oberweis Funds on each trade as to the specific shares to be sold.)
 - □ Average Cost (Determined by dividing the total dollar amount invested in a particular fund by the number of shares held prior to the trade date. Shares are removed in FIFO order.)

11. ACKNOWLEDGEMENT AND SIGNATURE

All account owners/trustees must sign.

Federal law requires us to obtain, verify, and record information that identifies each person who opens 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. You may also be asked to show your driver's license or other 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 and understand its terms are incorporated in this application by reference. 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 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 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 9 and signing below:

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that The Oberweis Funds shall be fully protected in honoring any such transaction. I also agree that The Oberweis Funds may make 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.



11. ACKNOWLEDGEMENT AND SIGNATURE (continued)

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 backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup 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 backup withholding.

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 withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(All owners/trustees must sign. For UGMA/UTMAs, custodian should sign.)

Signature of Individual Owner, Trustee, or Custodian Date

Signature of Joint Owner, Trustee, or Custodian (if applicable) Date

Additional Owner's Signature (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.