

IRA ACCOUNT APPLICATION



Please make checks payable to: **The Oberweis Funds.**
Please complete the application and mail in the postage paid envelope to:

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

For further assistance in completing this application, please call 1-800-245-7311.

1. ACCOUNT REGISTRATION (Please print or type clearly)

Owner's Name (First, Middle, Last)	
Owner's Social Security Number	Date of Birth (Required)
Responsible Person's Name (First, Middle, Last)	
Responsible Person's Social Security Number	Date of Birth

2. MAILING ADDRESS (Applications will only be accepted if they contain a U.S. or Puerto Rico permanent address. P.O. Boxes are not acceptable.)

Address (Street Address Required)		
City, State, Zip Code		
Daytime Telephone	Evening Telephone	
E-mail Address	Fax Number	
<input type="checkbox"/> Duplicate Confirmations or <input type="checkbox"/> Broker Information		
Name (First, Middle, Last)		
Address		
City, State, Zip Code		
Broker Dealer	Rep Name	Rep #

3. TYPE OF IRA (To Be Established)

- Traditional IRA for tax year _____
- Roth IRA for tax year _____ Year Started _____
- SEP (Simplified Employee Pension Plan) IRA for tax year _____

If the new account is a Rollover, Conversion or Transfer, please complete the following:

Rollover

You had constructive receipt of assets for less than 60 days or you have authorized a direct rollover from an employer's retirement plan. If Rollover account, please specify the type of account held by your previous custodian below:

- Traditional IRA
- Roth IRA
- Employer-sponsored SIMPLE IRA
- SEP-IRA
- Other employer-sponsored 401(k), 403(b), Keogh) plan
- Other employer-sponsored Roth 401(k), 403(b), Keogh) plan

Conversion

If this is a Conversion between custodians, you must also complete an IRA transfer form.

Transfer

If you did not have constructive receipt of assets; assets are a direct transfer from previous custodian.

If you are age 70 1/2 or older, you must take your required minimum annual distribution from your present IRA with the current Custodian before transferring your retirement assets to The Oberweis Funds. To initiate a transfer you must attach a completed transfer form.

Is the IRA selected above comprised of inherited assets (Beneficiary IRA or Qualified Retirement Plan)? Yes* No

***If yes, are you, as the spouse and sole beneficiary of the assets, opting to treat the IRA as your own?** Yes No

4. INVESTMENT INSTRUCTIONS

Oberweis Funds minimum IRA investment \$500

Oberweis Funds minimum investment with an Automatic Investment Plan \$100

Fill in the amount to be invested in each Fund. (If exact amount is unknown, state percentage.)

Oberweis Micro-Cap Fund	\$ _____	_____ %
Oberweis Emerging-Growth Fund	\$ _____	_____ %
Oberweis Small-Cap Opportunities Fund	\$ _____	_____ %
Oberweis China Opportunities Fund	\$ _____	_____ %
Oberweis International Opportunities Fund	\$ _____	_____ %
Oberweis Asia Opportunities Fund	\$ _____	_____ %
TOTAL INVESTMENT	\$ _____	_____ 100%

5. WITHHOLDING ELECTION

The distributions you receive from The Oberweis Funds retirement account are subject to federal income tax withholding unless you elect to not have withholding apply. If you elect to not have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of distributions. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Withholding will be taken on the gross distribution whether taxable or not. **You may change your withholding election on future distributions by writing to The Oberweis Funds, P.O. Box 711, Milwaukee, WI 53201-0711.**

You must select one of the options below.

- I do not want federal income tax withheld from distributions from this account.
- I want federal income tax of 10% withheld from distributions from this account.
- I want federal income tax of _____% (must be greater than 10%) withheld from distributions from this account.

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 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 and exchange transactions on the Internet through our website by enrolling for online transaction privileges at www.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.

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

Important Note: IRA contributions made through the Automatic Investment Program will be credited as contributions for the year in which the shares are purchased. If a Roth Conversion account is chosen in Section 3, an Automatic Investment Plan cannot be established.

This option allows you to make automatic monthly or quarterly investments into your Oberweis Funds account(s) directly from your bank account. **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:

Monthly Quarterly

*Choose one:

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.

9. BANK INFORMATION (voided check required)

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

Name of Bank _____

Address of Bank _____

City, State, Zip Code _____

Bank Phone Number _____

Name(s) on Bank Account _____

Bank Account Number _____

ABA Number (available from your bank) _____

This is a: checking account savings account

*(voided check required)

*If information on voided check differs from information on this application, the information from the voided check will be used.

10. BENEFICIARY DESIGNATION

I designate the individual(s) named below the beneficiary(ies) of this IRA. I revoke all prior IRA beneficiary designations, if any, made by me for these assets. I understand that I may change or add beneficiaries at any time by written notice to the Custodian. (If you are not survived by any beneficiary, see "Designation of a Beneficiary or Beneficiaries" section of the IRA Disclosure Statement for the distribution of your account assets.) The beneficiary's name and SSN/TIN are required for the Custodian to consider the beneficiary designation to be in good form. Beneficiary designations received without this information will not be considered received in good form. In the event a distribution must be made to beneficiaries, shares will be distributed among the beneficiaries for whom beneficiary designation(s) have been received in good form.

Primary Beneficiary(ies)

Name _____

Social Security Number _____

Date of Birth _____

% of Account _____

Relationship _____

Name _____

Social Security Number _____

Date of Birth _____

% of Account _____

Relationship _____

Secondary Beneficiary(ies)

Name _____

Social Security Number _____

Date of Birth _____

% of Account _____

Relationship _____

Name _____

Social Security Number _____

Date of Birth _____

% of Account _____

Relationship _____

11. SPOUSAL CONSENT (If applicable)

Your state may require the spousal consent below if you live in a community or marital property state and you designate someone other than your spouse as a beneficiary. Consult your tax adviser.

I hereby consent to and join in the designation of the beneficiary(ies) identified above. I give my spouse any interest I have in the funds deposited in this account.

Name of Spouse _____

Signature of Spouse _____

Date _____

12. ACKNOWLEDGMENT AND SIGNATURE

I hereby adopt The Oberweis Funds IRA, appointing UMB bank, n.a. to act as Custodian and to perform administrative services. I have received and read the Prospectus for the Fund in which I am making my contribution, and have read, accept and incorporate herein by reference the IRA Disclosure Statement and Custodial Account Agreement. I hereby appoint UMB Bank, n.a. or its successors as Custodian of the account(s). I understand that the Custodian will charge fees that are shown in the Disclosure Statement and Custodial Agreement and that they may be separately billed or collected by redeeming sufficient shares from each Fund account balance. The Custodian may change the fee schedule from time to time. I will supply the Internal Revenue Service (IRS) with information as to any taxable year as required unless filed by the Custodian.

I represent and certify that if I am converting all or any portion of an IRA I comply with all applicable contribution limitations under the Internal Revenue Code.

Under the penalty of perjury, I certify that the Social Security Number shown on this application is correct.

I am a U.S. person (including a U.S. resident alien).

Signature of Individual Owner _____

Date _____

Responsible Person for Minor* _____

Date _____

*If the IRA account is for a minor, the Responsible Person must also sign. By signing above, the Responsible Person acknowledges receipt of, and agrees to be bound by, the additional terms and conditions that apply to custodial accounts established for minors.

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