

Secondary Beneficiary(ies)

_____ Name	_____ Date of Birth
_____ Street Address	_____ City/State/Zip
_____ Social Security Number	_____ Relationship
_____ Email Address	_____ Phone Number
_____ Name	_____ Date of Birth
_____ Street Address	_____ City/State/Zip
_____ Social Security Number	_____ Relationship
_____ Email Address	_____ Phone Number
_____ Name	_____ Date of Birth
_____ Street Address	_____ City/State/Zip
_____ Social Security Number	_____ Relationship
_____ Email Address	_____ Phone Number

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

X

Signature of Spouse

Date

3. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Osterweis Funds' Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign this form (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

X

Signature of Owner (or Guardian if IRA Owner Is a Minor)

Date (MM/DD/YYYY)