



OppenheimerFunds®
The Right Way
to Invest

Account Application

For Non-Retirement Accounts

Instructions

You must complete this Account Application to open a new mutual fund account.

Please read the prospectus for each fund that you invest in. You can obtain a copy of the prospectus from your financial advisor or download it from oppenheimerfunds.com/prospectus.

When you have signed and completed the application, please send it to us with a check (in U.S. dollars) made payable to Oppenheimer funds.

USA PATRIOT Act requirements

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.

What this means for you: When you open an account, we need to capture certain information that allows us to verify your identity. The information in this application needs to be provided for all individuals who will be the registered owner of an account, acting pursuant to a Power of Attorney or will be signing on behalf of a legal entity that will own the account.

The completed application and check should be sent to: **OppenheimerFunds Services.**

Upload Forms Online:
oppenheimerfunds.com/upload

Fax:
303 768 1500

Regular Mail:
P.O. Box 5270
Denver, CO 80217-5270

Overnight Mail:
6803 S. Tucson Way
Centennial, CO 80112-3924

This account application was printed in January 2019, and has the potential of expiring after one year. To obtain the latest version, complete with current fund listing, visit oppenheimerfunds.com.

If you have questions about how to complete this application or would like information on other services, please contact your financial advisor or call OppenheimerFunds at **800 CALL OPP (225 5677)**.

1 | Financial advisor information

If no financial advisor is selected, Class A shares will be your only option.

It will be assumed that no financial advisor is selected if this page is not provided.

Firm name _____			
Branch number _____	Branch address _____		
City _____	State _____	Zip _____	
Rep ID number _____	First name _____	Middle initial _____	Last name _____
() _____	Extension _____	Email address _____	

2 | Account ownership

Please select one ownership choice, complete the section below that applies to this type of ownership, then fill out Sections 3, 4, 5 and 6.

A. Individual or joint account

Joint owners will be *joint tenants with rights of survivorship* unless you instruct us otherwise or that type of ownership is not available in your state.

B. Account that is a Transfer on Death (TOD) registration

The Transfer on Death (TOD) registration can only be used for sole accounts for natural persons or for natural persons holding the shares as joint owners with rights of survivorship (i.e., JT TEN WROS or TEN ENT).

C. Account held by a trust, corporation, partnership or other entity

D. Account that is a transfer or a gift to a minor (UTMA/UGMA)

These accounts are established under the Uniform Transfers to Minors Act (UTMA) or the Uniform Gifts to Minors Act (UGMA).

Electronic delivery/online account access

Provide your email address to sign up for electronic delivery of prospectuses, shareholder reports and required legal disclosures. You will receive a confirmation email that will enable you to register for online access to your account at oppenheimerfunds.com.

Email address _____

By providing your email address on this application, you consent to receiving prospectuses, shareholder reports and required legal disclosures electronically. You can change your consent preferences online or by calling 800 CALL OPP (225 5677).

A. Individual or joint account

Registered owner #1

First name _____ Middle initial _____ Last name _____ Mr. Mrs. Ms.
Residential street address _____ () _____
City _____ Social Security Number _____
State _____ Zip _____ Date of Birth (mm/dd/yyyy) _____

We cannot accept a P.O. Box as a residential address; APO/FPO address accepted.

Registered owner #2

For joint accounts, the address of registered owner #1 will be used in the account registration unless otherwise indicated.

First name _____ Middle initial _____ Last name _____ Mr. Mrs. Ms.
Residential street address _____ () _____
City _____ Social Security Number _____
State _____ Zip _____ Date of Birth (mm/dd/yyyy) _____

Information about additional registered owners should be provided on a separate sheet.

Mailing address

If your mailing address is different from the residential address, please provide a mailing address. All correspondence will be mailed to this address.

Complete this section only if your mailing address is different from your residential address.

Street address or principal place of business _____ Apartment or P.O. Box number _____
City _____ State _____ Zip _____

You may use a P.O. Box as a mailing address.

B. Account that is a Transfer on Death (TOD) registration Please make sure you have also filled out **Section A**.

Beneficiary designation

To ensure your application is negotiable, make sure to fill out the Name, Address, Date of Birth and Social Security Number of the beneficiary.

Individual TOD beneficiary #1

If more than one beneficiary is designated for an account, allocations must be in whole percentages and must equal 100%. Assets will be divided equally among designated beneficiaries if allocation percentages are not provided.

Information about additional beneficiaries should be provided on a separate sheet.

First name _____	Middle initial _____	Last name <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. _____	Social Security Number _____ ()
Residential street address _____			Daytime phone number _____
City _____			Relation _____
State _____	Zip _____	Date of Birth (mm/dd/yyyy) _____	
Custodian (for Minor Beneficiary) _____			Allocated percentage _____

Individual TOD beneficiary #2

First name _____	Middle initial _____	Last name <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. _____	Social Security Number _____ ()
Residential street address _____			Daytime phone number _____
City _____			Relation _____
State _____	Zip _____	Date of Birth (mm/dd/yyyy) _____	
Custodian (for Minor Beneficiary) _____			Allocated percentage _____

TOD beneficiaries that are a trust, corporation, partnership or other entity

Type of entity

Please select one: Trust S Corporation C Corporation Partnership Other Entity

Name of trust, corporation, partnership or other entity _____

Contingent TOD Beneficiary

I hereby elect the following as my contingent election for beneficiary(ies). The designation replaces any prior beneficiary(ies) designation that I have made.

Individually Named Contingent TOD Beneficiary(ies)

Allocations must be in whole percentages and must equal 100%. Assets will be divided equally among designated beneficiaries if allocation percentages are not provided. If you need additional space, please photocopy this page, fill it out and include with the other pages of this form.

Name Provide the full legal name of person, or organization (include suffixes, if applicable) <input type="radio"/> Jr. <input type="radio"/> Sr. <input type="radio"/> Other _____			
Social Security/Tax Identification Number _____		Date of birth (mm/dd/yyyy) _____	
Relationship: <input type="radio"/> Spouse <input type="radio"/> Non-Spouse <input type="radio"/> Organization/Charity _____			
Allocated percentage _____			

Name Provide the full legal name of person, or organization (include suffixes, if applicable) <input type="radio"/> Jr. <input type="radio"/> Sr. <input type="radio"/> Other _____			
Social Security/Tax Identification Number _____		Date of birth (mm/dd/yyyy) _____	
Relationship: <input type="radio"/> Spouse <input type="radio"/> Non-Spouse <input type="radio"/> Organization/Charity _____			
Allocated percentage _____			

Type of entity

Contingent TOD beneficiaries that are a trust, corporation or other entity

Please select one: Trust Corporation Other entity

Is it tax exempt? Yes No

Name of trust, corporation, partnership or other entity

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Tax Identification Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Social Security Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Trust date (mm/dd/yyyy)

Allocated percentage

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

C. Account held by a trust, corporation, estate, partnership or other entity

In accordance with Federal regulatory requirements, OppenheimerFunds is required to collect information about individuals associated with certain entities at the time of account opening. This requirement generally applies to legal entities that are required to file registration documents with their respective Secretary of State or similar office. If this account is being opened for this type of entity, this form must be submitted with a completed Supplemental Ownership Information Form for Corporate Entity Accounts.

Type of entity

Please select one: S Corporation C Corporation Estate Partnership Sole Proprietor/Individual
 LLC: please also indicate C Corporation, Partnership, S Corporation, or Sole Proprietor/Individual above
 Trust Grantor Trust

Other Entity: Please indicate the type of business _____

Check if appropriate: I am an exempt recipient as defined under U.S. federal income tax regulations.

Name of trust, corporation, estate, partnership or other entity

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Tax Identification Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Trust date (mm/dd/yyyy)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Grantor's/Sole Proprietor's first and last name

This application must be signed by all trustees, executors or corporate officers whose signatures are required under the trust agreement or corporate bylaws. If the registered owner of this account is a trust, corporation, estate or partnership, please also provide:

- **For a Trust:** First and last pages of the Trust Agreement indicating current Trust name, Trust date and the signature page of the Trust document. All of the information must match what's on the Trust documents you supply to us. If registering an account as a Grantor Trust, please provide either the applicable Social Security Number or a Tax Identification Number in the field above. A Tax Identification Number should be provided for all other Trusts. Please consult a tax advisor to determine if your trust is a Grantor Trust.
- **For a Corporation:** A copy of the Articles of Incorporation certified by the Secretary of State or other state entity. Please note that we are required to report cost basis information to the IRS on shares purchased on or after January 1, 2012, and subsequently redeemed (*covered shares*) by S Corporations.
- **For an Estate:** Copy of document appointing executor.
- **For a Partnership:** Partnership Agreement along with the date of organization.
- **For an LLC/Sole Proprietor:** Please provide documentation proving LLC existence. Your LLC/Sole Proprietorship may use a Social Security Number or Tax Identification Number. If you provide your Social Security Number you must also provide the Sole Proprietor's first and last name.

Is the entity a registered investment company or a private or hedge fund relying on Section 3(c)(1) or 3(c)(7)?

Yes No If unsure how to respond, please call **800 CALL OPP (225 5677)**

SEC Rule 206(4)-5 government account designation

To assist us in complying with the recordkeeping requirements of the SEC's "Pay to Play" Rule 206(4)-5 under the Investment Advisers Act, please fill in the circle *if the account is being opened for*:

A government entity, or a plan or program of a government entity. A government entity includes, but is not limited to, the government entity itself (and its employees/officers/agents acting in their official capacity), state, county and local municipalities, school districts, government-sponsored 403(b) and 457 plans, accounts for public universities, etc.

Trustee, executor or first authorized signer

We cannot accept a P.O. Box as a residential address; APO/FPO address accepted.

First name _____	Middle initial _____	Last name _____	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.
Residential street address _____		() _____	Daytime phone number
City _____		Social Security Number _____	
State _____	Zip _____	Date of Birth (mm/dd/yyyy) _____	

Trustee, executor or second authorized signer

For trusts and corporations, this application must be signed by all trustees or corporate officers whose signatures are required under the trust agreement or corporate bylaws.

Information about additional signers should be provided on a separate sheet.

First name _____	Middle initial _____	Last name _____	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.
Residential street address _____		() _____	Daytime phone number
City _____		Social Security Number _____	
State _____	Zip _____	Date of Birth (mm/dd/yyyy) _____	

D. Account that is a transfer or gift to a minor (UTMA/UGMA)

Minor

If you do not select either UTMA or UGMA, or if you select one that is not available in your state, we will use the designation that is available in your state.

If you do not indicate the state that the UTMA or UGMA is established under, we will default to the state of the mailing address on the account.

We cannot accept a P.O. Box as a residential address; APO/FPO address accepted.

Please select one:

Uniform Transfer to Minors Act (UTMA) Uniform Gift to Minors Act (UGMA)

Please indicate the state that the UTMA or UGMA is established under: _____
State

First name _____	Middle initial _____	Last name _____	Social Security Number of the Minor _____
Residential street address _____		Date of Birth (mm/dd/yyyy) _____	
City _____			
State _____	Zip _____		

Custodian

Unless otherwise indicated, the Custodian's residential address will be used as the mailing address.

The Custodian, by signing this account application, agrees that the Minor shall be compensated for the value of shares redeemed from the account.

First name _____	Middle initial _____	Last name _____	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.
Residential street address _____		() _____	Daytime phone number
City _____		Social Security Number of the Custodian _____	
State _____	Zip _____	Date of Birth (mm/dd/yyyy) _____	

Successor Custodian

First name _____	Middle initial _____	Last name _____	() _____
			Daytime phone number

3 | Cost basis selection

Please select one cost basis tax reporting method. If no method is selected, OppenheimerFunds will report cost basis using **Average Cost** with the exception of Oppenheimer SteelPath Funds, where the default method is **First-In First-Out**. Cost basis is reported to the IRS for covered shares, that is shares purchased on or after January 1, 2012, and subsequently sold with the exception of Oppenheimer SteelPath Funds, where covered shares begin at January 1, 2011. For uncovered shares, which are shares purchased prior to January 1, 2012 (or in the case of Oppenheimer SteelPath Funds, January 1, 2011), and subsequently sold, OppenheimerFunds will continue to provide shareholders with the average cost of these shares, when available, but will continue to not furnish this information to the IRS.

If you and your financial or tax advisor determine that in the future you wish to change your cost basis tax reporting method, you may do so by logging into your account at oppenheimerfunds.com or by contacting us. Log on to oppenheimerfunds.com/costbasis to learn more.

Make your cost basis selection here:

- Average Cost
- First-In First-Out (FIFO)
- Last-In First-Out (LIFO)
- Highest-In First-Out (HIFO)
- Low Cost

4 | Select your funds

To select your funds, take the following steps:

1. Choose from the list of Oppenheimer funds below.
2. Check the share class of funds you want to invest in.
If no class is checked, Class A shares will be purchased.
If no advisor is on the account, Class A shares will be purchased.
3. Indicate the amount of your initial investment.

The minimum investment is generally \$1,000 per fund unless you choose to buy shares automatically via Asset Builder, in which case the minimum initial investment is generally \$500 and you should complete Section 5B on page 7. Certain funds may have higher minimum investment amounts or limits on purchases. Please refer to the prospectus for fund minimums.

If you are unable to locate an Oppenheimer fund, verify its name and write it in at the bottom of the list in the category called *Other*. Be sure to select the appropriate share class. If no share class is selected, all purchases will be made in Class A shares. If you do not have a financial advisor listed on your account(s), any Oppenheimer fund purchase made to these account(s) will be invested in Class A shares without a sales charge (Class A shares @ NAV).

Please consult oppenheimerfunds.com for the most current list of funds.

Oppenheimer Fund	Class A	Class C	Initial Investment
EQUITY			
Emerging Markets Equity			
Emerging Markets Innovators Fund	<input type="radio"/>	<input type="radio"/>	\$
Global Equity			
Global Fund	<input type="radio"/>	<input type="radio"/>	\$
Global Opportunities Fund	<input type="radio"/>	<input type="radio"/>	\$
Global Focus Fund ¹	<input type="radio"/>	<input type="radio"/>	\$
International Equity			
International Diversified Fund	<input type="radio"/>	<input type="radio"/>	\$
International Equity Fund	<input type="radio"/>	<input type="radio"/>	\$
International Growth Fund	<input type="radio"/>	<input type="radio"/>	\$
Domestic Equity			
Capital Appreciation Fund	<input type="radio"/>	<input type="radio"/>	\$
Discovery Mid Cap Growth Fund	<input type="radio"/>	<input type="radio"/>	\$
Dividend Opportunity Fund	<input type="radio"/>	<input type="radio"/>	\$
Equity Income Fund	<input type="radio"/>	<input type="radio"/>	\$
Main Street Fund [®]	<input type="radio"/>	<input type="radio"/>	\$
Main Street All Cap Fund [®]	<input type="radio"/>	<input type="radio"/>	\$
Main Street Mid Cap Fund [®]	<input type="radio"/>	<input type="radio"/>	\$
Main Street Small Cap Fund [®]	<input type="radio"/>	<input type="radio"/>	\$
Mid Cap Value Fund	<input type="radio"/>	<input type="radio"/>	\$
Rising Dividends Fund	<input type="radio"/>	<input type="radio"/>	\$
Small Cap Value Fund	<input type="radio"/>	<input type="radio"/>	\$
SteelPath Panoramic Fund	<input type="radio"/>	<input type="radio"/>	\$
Value Fund	<input type="radio"/>	<input type="radio"/>	\$
FIXED INCOME			
Global Debt			
Emerging Markets Local Debt Fund	<input type="radio"/>	<input type="radio"/>	\$
Global Strategic Income Fund	<input type="radio"/>	<input type="radio"/>	\$
Global Unconstrained Bond Fund ²	<input type="radio"/>	<input type="radio"/>	\$
International Bond Fund	<input type="radio"/>	<input type="radio"/>	\$
Domestic Debt			
Global High Yield Fund	<input type="radio"/>	<input type="radio"/>	\$
Intermediate Income Fund ³	<input type="radio"/>	<input type="radio"/>	\$
Limited-Term Bond Fund	<input type="radio"/>	<input type="radio"/>	\$
Limited-Term Government Fund	<input type="radio"/>	<input type="radio"/>	\$
Preferred Securities and Income Fund	<input type="radio"/>	<input type="radio"/>	\$
Senior Floating Rate Fund	<input type="radio"/>	<input type="radio"/>	\$
Senior Floating Rate Plus Fund	<input type="radio"/>	<input type="radio"/>	\$
Total Return Bond Fund	<input type="radio"/>	<input type="radio"/>	\$
Municipal Bond			
Intermediate Term Municipal Fund ⁴	<input type="radio"/>	<input type="radio"/>	\$
Municipal Fund ⁵	<input type="radio"/>	<input type="radio"/>	\$
Rochester [®] AMT-Free Municipal Fund	<input type="radio"/>	<input type="radio"/>	\$
Rochester [®] AMT-Free New York Municipal Fund ⁶	<input type="radio"/>	<input type="radio"/>	\$
Rochester [®] California Municipal Fund ⁶	<input type="radio"/>	<input type="radio"/>	\$
Rochester [®] Fund Municipals	<input type="radio"/>	<input type="radio"/>	\$
Rochester [®] High Yield Municipal Fund	<input type="radio"/>	<input type="radio"/>	\$
Rochester [®] Limited Term California Municipal Fund ⁶	<input type="radio"/>	<input type="radio"/>	\$
Rochester [®] Short Duration High Yield Municipal Fund	<input type="radio"/>	<input type="radio"/>	\$

Oppenheimer Fund	Class A	Class C	Initial Investment
Municipal Bond (continued)			
Rochester [®] Limited Term New York Municipal Fund	<input type="radio"/>	<input type="radio"/>	\$
Rochester [®] New Jersey Municipal Fund ⁶	<input type="radio"/>	<input type="radio"/>	\$
Rochester [®] Pennsylvania Municipal Fund ⁶	<input type="radio"/>	<input type="radio"/>	\$
Short Term Municipal Fund ⁷	<input type="radio"/>	<input type="radio"/>	\$
MULTI ASSET			
Capital Income Fund	<input type="radio"/>	<input type="radio"/>	\$
Global Allocation Fund	<input type="radio"/>	<input type="radio"/>	\$
Global Multi-Asset Growth Fund	<input type="radio"/>	<input type="radio"/>	\$
Global Multi-Asset Income Fund	<input type="radio"/>	<input type="radio"/>	\$
Portfolio Series: Active Allocation Fund	<input type="radio"/>	<input type="radio"/>	\$
Portfolio Series: Conservative Investor Fund	<input type="radio"/>	<input type="radio"/>	\$
Portfolio Series: Growth Investor Fund ⁸	<input type="radio"/>	<input type="radio"/>	\$
Portfolio Series: Moderate Investor Fund	<input type="radio"/>	<input type="radio"/>	\$
ALTERNATIVE			
Fundamental Alternatives Fund	<input type="radio"/>	<input type="radio"/>	\$
Gold & Special Minerals Fund	<input type="radio"/>	<input type="radio"/>	\$
Real Estate Fund	<input type="radio"/>	<input type="radio"/>	\$
Macquarie Global Infrastructure Fund	<input type="radio"/>	<input type="radio"/>	\$
SteelPath MLP Alpha Fund	<input type="radio"/>	<input type="radio"/>	\$
SteelPath MLP Alpha Plus Fund	<input type="radio"/>	<input type="radio"/>	\$
SteelPath MLP Income Fund	<input type="radio"/>	<input type="radio"/>	\$
SteelPath MLP Select 40 Fund	<input type="radio"/>	<input type="radio"/>	\$
SteelPath MLP & Energy Infrastructure Fund ⁸	<input type="radio"/>	<input type="radio"/>	\$
MONEY MARKET⁹			
Government Cash Reserves	<input type="radio"/>	<input type="radio"/>	\$
Government Money Market Fund	<input type="radio"/>	<input type="radio"/>	\$
OTHER			
Fund name:	<input type="radio"/>	<input type="radio"/>	\$
Fund name:	<input type="radio"/>	<input type="radio"/>	\$
		Total	\$

If you do not choose a fund for purchase, your investment will be made in Oppenheimer Government Money Market Fund, Class A shares.

For multiple fund selections: If no dollar amount is listed per fund, the total amount will be split evenly between all selected funds.

1. Prior to June 29, 2018, the Fund's name was Oppenheimer Global Value Fund.
2. This is a new fund with a limited operating history and an inception date of January 26, 2018. Limited performance data is available.
3. Prior to January 14, 2018, the Fund's name was Oppenheimer Corporate Bond Fund.
4. Prior to June 29, 2018, the Fund's name was Oppenheimer Rochester[®] Intermediate Term Municipal Fund.
5. Prior to October 15, 2018, the Fund's name was Oppenheimer Rochester[®] Minnesota Municipal Fund.
6. Available to investors only in certain states.
7. Prior to June 29, 2018, the Fund's name was Oppenheimer Rochester[®] Short Term Municipal Fund.
8. Prior to February 1, 2019, the Fund's name was Portfolio Series: Equity Investor Fund.
9. **You could lose money by investing in the Fund. Although the Fund seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. An investment in the Fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The Fund's sponsor has no legal obligation to provide financial support to the Fund, and you should not expect that the sponsor will provide financial support to the Fund at any time.**

5 | Account options

A. Dividend and capital gains options

Tell us what to do with your dividends and capital gains distributions.

If you're investing in more than one fund, the option you select will apply to all funds.

Dividend exchanges and capital gains exchanges must be within the same share class.

If no option is selected, all dividends and capital gains will be reinvested in the same fund.

Dividends (select one)

- Reinvest in the same fund
- Deposit electronically to my bank account **(please complete Section B)**
- Pay by check to my mailing address
- Exchange into another Oppenheimer fund or account: _____
Fund name
- OR _____
Account number

Short-term capital gains (select one)

- Reinvest in the same fund
- Deposit electronically to my bank account **(please complete Section B)**
- Pay by check to my mailing address
- Exchange into another Oppenheimer fund or account: _____
Fund name
- OR _____
Account number

Long-term capital gains (select one)

- Reinvest in the same fund
- Deposit electronically to my bank account **(please complete Section B)**
- Pay by check to my mailing address
- Exchange into another Oppenheimer fund or account: _____
Fund name
- OR _____
Account number

B. AccountLink and Asset Builder plan¹ information and Wire Redemption

We may set up AccountLink using your purchase check as long as there is a common owner between the Oppenheimer fund account and bank account. **If your Oppenheimer fund account and bank account differ in owners, please contact us to determine signature requirements.**

- If you have included a separate preprinted voided check or deposit slip to use to set up AccountLink please indicate here.
- If you do not wish to have AccountLink established on your account please indicate here.
- If you do not want your financial advisor to have authority to make AccountLink transactions please indicate here.**

The following is only required if you are electing to use the Asset Builder Plan. (AccountLink may be established if you are electing to use the Asset Builder Plan.)

I'd like to have investments made automatically to my Oppenheimer fund account(s) based on the selections indicated below.

PLEASE NOTE: Your bank account will be debited on the date selected or the next business day following a weekend or holiday. If there are not 31 days in the month, Asset Builder will default to the last business day in the month.

**Select a day of the month between 1 and 31. If a start date is not selected the default date will be the 20th of the current month if received by the 15th of that month, otherwise the default date will be the 20th of the following month.*

	Amount of Purchase	*Start Date	Frequency
_____ Fund name or fund number	_____ Amount	_____ (mm/dd/yyyy)	<input type="radio"/> monthly <input type="radio"/> quarterly <input type="radio"/> semiannually <input type="radio"/> annually
_____ Fund name or fund number	_____ Amount	_____ (mm/dd/yyyy)	<input type="radio"/> monthly <input type="radio"/> quarterly <input type="radio"/> semiannually <input type="radio"/> annually
_____ Fund name or fund number	_____ Amount	_____ (mm/dd/yyyy)	<input type="radio"/> monthly <input type="radio"/> quarterly <input type="radio"/> semiannually <input type="radio"/> annually
_____ Fund name or fund number	_____ Amount	_____ (mm/dd/yyyy)	<input type="radio"/> monthly <input type="radio"/> quarterly <input type="radio"/> semiannually <input type="radio"/> annually

Please give adequate notice (normally 15 days) to terminate this service, either in writing signed by all shareholders of record, or by telephone.

Unless the request includes a valid Signature Guarantee stamp, instructions to redeem to a new bank account will not be permitted for 10 calendar days following our receipt of a form/application. For security purposes, redemption requests accompanying a newly added bank account **will not be processed or accepted** during the 10-day waiting period. Such requests can be submitted to us either in writing, over the phone, or on our website **after the 10-day waiting period has expired**. As alternatives, redemption proceeds sent via overnight check or to a pre-existing bank account can be requested prior to the end of the 10-day waiting period.

1. Systematic investing does not assure a profit and does not protect against loss in declining markets. Before investing, investors should evaluate their long-term financial ability to participate in such a plan.

Bank Account Information

(For AccountLink, Asset Builder, Wire Redemption or electronic distribution options)

Indicate account type: Checking Savings

If you are not using your purchase check, you must include a preprinted check or deposit slip (please do not tape or staple it to this application) if you are requesting AccountLink, Asset Builder, Wire Redemption or have asked for any distributions to be paid to your bank account.

At your request, we can transfer funds via federal wire to your bank account. This allows for funds to be transferred from your OppenheimerFunds account to your bank account. The minimum amount of funds to transfer is \$2,500. A fee of \$10 is charged per request.

- If you would like to use the bank information provided on your purchase check to set up this feature please indicate here.
- If you have included a separate preprinted voided check or deposit slip to use to set up this feature please indicate here.

C. Reduced sales charge on Class A shares

You may be able to reduce the sales charges you pay on Class A shares if you agree to invest a certain amount or if you already own Class A or Class C shares of another Oppenheimer fund or 529 plan we manage.

Letter of Intent

To sign a Letter of Intent, please read the appropriate prospectus for terms and conditions. Please indicate the total amount you intend to invest over the next 13 months:

- \$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 or more

Rights of Accumulation

If you, your spouse or your minor children already own Class A or Class C shares of another Oppenheimer fund or 529 plan we manage, provide your account numbers in the space below and we'll reduce sales charges for you if you're eligible. If shares of another Oppenheimer fund are held in a brokerage account, please include your most recent statement detailing that account.

Account numbers

D. Checkwriting

Checkwriting is only available on Class A shares of Oppenheimer Government Cash Reserves and Oppenheimer Government Money Market Fund. If checkwriting is selected but neither Money Market Fund nor Cash Reserves is selected on page 6, checkwriting privileges will not be established. **Please allow 30 days for the delivery of your checks.**

Please indicate below if you want checkwriting. Checks must be written for a minimum of \$500.

- Money Market Fund Cash Reserves

Joint account owners

- Indicate if only one joint owner's signature is required on checks.
(We require all joint owners' signatures unless this option is selected.)

Trust accounts, corporations or estates

Only one signature is required unless you indicate otherwise. Indicate number of signers: _____

E. Telephone and Internet transaction privileges

You or your financial advisor can redeem or exchange shares by phone and Internet. This will remain in effect until OppenheimerFunds receives written instructions to change it.

Please note that by redeeming or exchanging shares by phone and Internet:

- You acknowledge that your account(s) will be subject to the telephone and Internet exchange and redemption privileges described in the fund's current prospectus and Statement of Additional Information.
 - You agree that the fund, its distributor and transfer agent will not be liable for any loss in acting on transaction instructions via telephone or Internet that they reasonably believe to be authentic.
- I do not want telephone and Internet transaction privileges for either myself or my financial advisor (if applicable).

F. Wire transfers

Use the following instructions to **wire** (direct purchases) into all funds, including money market funds.

United Missouri Bank, Kansas City, MO

ABA/Routing number: 101000695

Beneficiary (BNF): OppenheimerFunds

Beneficiary account number (A/C): 9870432714

OBI (Originator to Beneficiary Information; also known as F/C or Further Credit): Client name and account number

6 | Signatures

Please review the following information in this section carefully and sign below.

PLEASE NOTE: Your mutual fund shares may be transferred to the appropriate state if no activity occurs, or if statements of your account activity prove undeliverable, within the time period specified by state law.

By signing this form in the section below, I certify that:

- I am of legal age and capacity and am authorized to purchase shares.
- I have read the current prospectus and can request the Statement of Additional Information of each fund that I'm investing in and agree to be bound by its terms and conditions.
- I am responsible for reading the prospectus and Statement of Additional Information of any fund into which I exchange.
- I, and any person with any ownership in this account, are not subject to any restrictions or sanctions by the Office of Foreign Asset Control or any other government or agency.
- If I exchange all shares into a new fund, all account options I have chosen on this application will apply.
- If other members of my family have shares in the same Oppenheimer fund that I own, I agree that OppenheimerFunds may send a single copy to my household of that fund's updated prospectus, annual report, semiannual report or other information that is required to be delivered. If I wish to receive a separate copy of these materials, I agree to tell OppenheimerFunds by phone, in writing or by email.
- I acknowledge that OppenheimerFunds Services will use this document, trust agreement or other similar documents for the purpose of verifying the identity of the registered owners as required by federal law. I understand that OppenheimerFunds Services does not assume any responsibility for monitoring, maintaining, interpreting or enforcing any terms or provisions of these documents.
- If I have elected to allow for AccountLink to be established on my account, I verify that my signature alone is sufficient to authorize debits from the bank account and by signing below consent to any withdrawals from my bank account requested by one of the owners of the Oppenheimer fund account(s).

My signature also means that I agree to and accept all terms, conditions and features selected throughout this application form.

I am authorizing my account information to be shared with the dealer designated as the dealer of record for the account.

Should this application be signed electronically, I acknowledge and agree that such electronic signature is valid evidence of my consent to be legally bound by this application and such subsequent terms as may govern this application. The electronic image of this application is considered to be the true, complete, valid, authentic and enforceable record of the application, admissible in judicial or administrative proceedings to the same extent as if the documents and records were originally generated and maintained in printed form. I agree not to contest to the admissibility or enforceability of the electronic copy of this application. Please note that any OppenheimerFunds-affiliated entity reserves the right and discretion to require additional documentation to process this application. A broker-dealer or financial advisor must be listed on the account in order for us to accept an electronically signed form.

A. Substitute Form W-9

I certify under penalties of perjury that:

1. The number shown on this application is my correct Taxpayer Identification Number, **and**
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, **and**
3. I am a U.S. citizen or other U.S. person, **and**
4. The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any, see below) indicating that I am exempt from FATCA reporting is correct.

If Required:

Certification 2 above: Backup withholding

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Certification 4 above: Exemption from FATCA reporting code (if any)

FATCA codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Please visit <http://www.irs.gov/pub/irs-pdf/fw9.pdf> for a list of exemption codes for all others. You may also visit oppenheimerfunds.com/taxcenter for more information on FATCA.

Exemption Codes
(If Any):

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

B. Signatures

All owners must sign this application.

X _____ Signature	 _____ Date (mm/dd/yyyy)	 _____ Title (if the account is held by a trust, corporation, estate, partnership or other entity)
X _____ Signature	 _____ Date (mm/dd/yyyy)	 _____ Title (if the account is held by a trust, corporation, estate, partnership or other entity)
X _____ Signature	 _____ Date (mm/dd/yyyy)	 _____ Title (if the account is held by a trust, corporation, estate, partnership or other entity)
X _____ Signature	 _____ Date (mm/dd/yyyy)	 _____ Title (if the account is held by a trust, corporation, estate, partnership or other entity)

Spousal Consent

Married residents of **AZ, CA, ID, LA, NV, NM, TX, WA** and **WI** must sign if spouse is not designated as sole primary beneficiary.

I hereby consent to the designation of beneficiary(ies) previously stated.

Not currently married.

X _____ Signature of spouse	 _____ Date	X _____ Signature of owner	 _____ Date
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