

## New Account Application for Financial Institutions

Please complete the New Account Application and return it to us by mail or fax.

**Note:** the application must be signed prior to submission. Please include a corporate resolution, with your corporate seal, that lists the name of all authorized traders for your account.

**Questions?** Call us toll free at 800-247-9780.

Mail **AMF Funds**  
P.O. Box 803046  
Chicago, IL 60680-4594

### STEP 1 Choose your type of registration

Please choose the type of account you wish to open by selecting one of the boxes below. If you do not fit any of these criteria, you may have the wrong application. Please check our web site to make sure you downloaded the correct file.

- Bank       Thrift       Credit Union       Insurance Company  
 Other (Specify)\* \_\_\_\_\_

\*as defined by U.S.C. 5312 (a)(2) and (c)(1)(A):

### STEP 2 Account Information

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Physical Address (Required)

\_\_\_\_\_  
Attn

\_\_\_\_\_  
Physical Address (Line 2)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Primary Telephone #

\_\_\_\_\_  
Secondary Telephone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Tax I.D. Number (Required)

\_\_\_\_\_  
Mailing Address (If same as above please leave blank)

\_\_\_\_\_  
Mailing Address (Line 2)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

### STEP 3 Authorized Traders

Please list individuals who are authorized to make purchases and redemptions by phone. Also, please include a corporate resolution, with your corporate seal affixed, that lists the names of all authorized traders and their specimen signatures for your account.

\_\_\_\_\_  
Authorized Trader (First, M. I., Last)

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-Mail Address (Optional)

\_\_\_\_\_  
Authorized Trader - if any (First, M. I., Last)

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-Mail Address (Optional)

### STEP 3 (Continued)

Authorized Trader - if any (First, M. I., Last)

Telephone #

Signature

E-Mail Address (Optional)

Authorized Trader - if any (First, M. I., Last)

Telephone #

Signature

E-Mail Address (Optional)

To provide names of additional authorized traders please attach a list containing each individual's name, E-mail address and phone number.

### STEP 4 Dividend Distribution Selection

Dividends paid by the Fund(s) will automatically be reinvested in additional fund shares unless you indicate otherwise. Please select one of the boxes below.

Reinvest

Cash

### STEP 5 Redemption Information

Please provide complete instructions for wiring of redemption proceeds in Federal funds to your account with a bank or trust company.

Name of Bank or Trust Company

ABA#

Street Address:

City

State

ZIP

Account Name

Account Number

Please include additional instructions on company letterhead.

### STEP 6 ELECT YOUR COST BASIS METHOD FOR YOUR ACCOUNT(S)

The default cost basis method is Average Cost. If you do not specify a cost basis reporting method, the FUND DEFAULT METHOD will be applied to your account(s). If you select the Specific ID method, a secondary method may be selected in Section 7.

For my account(s), I would like:

Average Cost (AVCS)

First In, First Out (FIFO)

Specific ID (SPID)

Last In, First Out (LIFO)

### STEP 7 ELECT YOUR COST BASIS METHOD FOR YOUR ACCOUNT(S)

If you selected Specific ID for your account(s) and would like to use a secondary method as a standing order, please indicate that method below. If you do not provide specific shares at the time of your sale and do not have a secondary method on file, we will sell shares using the First In, First Out (FIFO) method.

A) One method for all shares in all of my Funds:

First In First Out (Fifo)

Last In, First Out (Lifo)

OR

B) Different method for each Fund:

Fund Name Or Number

Fund Name Or Number

Continued on page 3

## STEP 8 Your Signature

I acknowledge that I have received and read the current prospectus and privacy notice of the Fund(s) selected, and this Account Registration Form, and agree to be bound by their terms. I certify, under penalties of perjury that

- (1) my Social Security number or employer identification number provided in this application is correct (or I am waiting for a number to be issued to me),
- (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 and dividends or (c) the IRS has notified me I am no longer subject to backup withholding and
- (3) I am a U.S. person (including a U.S. resident alien). Cross out item 2 if it does not apply to you.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

**I acknowledge that identifying information is required before the account can be opened and is subject to verification by my financial professional, the Fund or its agents. If verification is unsuccessful, the Asset Management Fund may close my account, redeem my shares at the next NAV minus any applicable sales charges, and take other steps that it deems reasonable.**

X

Authorized Signature

Date

Print Name

Title

Phone #

## STEP 9 Place Your Order

- 1) Call 800-247-9780 to place your order and confirm wire instructions.
- 2) Wire funds to: NORTHERN TRUST BANK  
ABA #071000152  
Credit A/C 5201680000  
REFERENCE: //1038 (followed by fund number and a/c number)

Fund Number	Fund Name
013	AMF Money Market (Class I)
023	AMF Money Market (Class D)
014	AMF Short U.S. Government,
015	AMF U.S. Government Mortgage
016	AMF Intermediate Mortgage
017	AMF Ultra Short Mortgage
018	AMF Ultra Short
031	AMF Large Cap Equity

\*\*\*Important – Shareholders must include slashes in the reference field. There should be no spaces in the reference field between the numbers.