



# NEW ACCOUNT APPLICATION

For assistance in completing this application, please contact us at 800-247-9780. Please mail your completed and signed application to AMF Funds, P.O. Box 803046, Chicago, IL 60680-4594.

Please print all information.

## 1 CHOOSE YOUR ACCOUNT TYPE *and complete the information for that section*

Choose your account type and complete the information for that section

### INDIVIDUAL OR JOINT ACCOUNT

OWNER'S FIRST NAME MIDDLE INITIAL LAST NAME

OWNER'S SOCIAL SECURITY NUMBER (WILL BE USED FOR TAX REPORTING) OWNER'S DATE OF BIRTH MOTHER'S MAIDEN NAME

JOINT OWNER'S FIRST NAME MIDDLE INITIAL LAST NAME

JOINT OWNER'S SOCIAL SECURITY NUMBER JOINT OWNER'S DATE OF BIRTH MOTHER'S MAIDEN NAME

Joint accounts will be registered as Joint Tenants with Rights of Survivorship (JTWROS)

### GIFT/TRANSFER TO A MINOR (UGMA/UTMA)

CUSTODIAN'S FIRST NAME MIDDLE INITIAL LAST NAME

CUSTODIAN'S SOCIAL SECURITY NUMBER CUSTODIAN'S DATE OF BIRTH MOTHER'S MAIDEN NAME

MINOR'S FIRST NAME MIDDLE INITIAL LAST NAME

MINOR'S SOCIAL SECURITY NUMBER (WILL BE USED FOR TAX REPORTING) MINOR'S DATE OF BIRTH MOTHER'S MAIDEN NAME

### CORPORATION, TRUST OR OTHER ENTITY

Trust  Corporation  Partnership  Retirement Plan  Other \_\_\_\_\_

If you checked Retirement Plan, please indicate if this is a  401(k) Profit Sharing Plan  Defined Benefit Plan  Other \_\_\_\_\_

NAME OF CORPORATION, TRUST OR OTHER ENTITY

TAX IDENTIFICATION NUMBER DATE OF TRUST AGREEMENT (FOR TRUSTS)

NAME OF AUTHORIZED SIGNER/TRUSTEE TRUSTEE'S SOCIAL SECURITY NUMBER TRUSTEE'S DATE OF BIRTH

NAME OF CO-SIGNER/TRUSTEE CO-TRUSTEE'S SOCIAL SECURITY NUMBER CO-TRUSTEE'S DATE OF BIRTH

Is this a publicly traded company?  Yes  No Please Provide Ticker Symbol \_\_\_\_\_

Additional Documentation Required for Corporations, Trusts or Other Entities

To Open a Trust Account, please attach the first page, the page naming trustees, and the signature page of the trust agreement.

To Open a Corporate Account, please include a certified copy of the Corporate Resolution, including authorized signatures, dated within the past 6 months to evidence authority AND a copy of one of the following: articles of incorporation, government issued business license, or certificate of good standing.

## 2 ADDRESS

Please provide a street address for the account owner (military personnel may provide an APO or FPO). All account-related materials will be sent to this address unless a mailing address is provided below. For joint tenant or custodial accounts, please provide the joint owner's or minor's address below if different from the account owner's address.

RESIDENTIAL/STREET ADDRESS

RESIDENTIAL/STREET ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER (DAYTIME)

TELEPHONE NUMBER (EVENING)

EMAIL ADDRESS

Check here if business address

### ACCOUNT MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL/STREET ADDRESS

ADDRESS

ADDRESS

CITY/STATE/ZIP

### ADDRESS OF JOINT OWNERS/CO-TRUSTEES/MINORS IF DIFFERENT FROM PRIMARY OWNER'S ADDRESS

NAME OF JOINT OWNER/CO-TRUSTEE/MINOR

STREET ADDRESS

STREET ADDRESS

CITY/STATE/ZIP

\*The USA PATRIOT Act requires that all investors provide a street address for our records. If this information is not provided, there may be a delay in establishing the account.

## 3 SELECT YOUR FUND

The minimum investment for Class AMF is \$10,000.00

The minimum investment for Class H is \$50,000,000.00

Please note that money orders, traveler's checks, and third-party checks are not accepted.

FUND NAME	FUND NUMBER	AMOUNT
Large Cap Equity Fund	Class AMF 31	<input type="text"/>
Large Cap Equity Fund	Class H 41	<input type="text"/>

### CHOOSE YOUR INVESTMENT METHOD

Investment will be made by:

- Check Payable to AMF or Asset Management Fund
- Wire (please call 800-347-9780 for instructions)

#### 4 ESTABLISH AUTOMATIC INVESTMENT PLANS (OPTIONAL)

An automatic investment plan can be established on your account to invest directly from your bank account on file. In order to establish an automatic investment plan, please complete this section and provide your bank information and preprinted voided check in section 7.

Investment Amount (minimum \$50.00)

Frequency (check one)  Once a month on the 1st  Once a month on the 15th

Start Date \_\_\_\_\_

If no date is selected, the 1st of the next calendar month will be used.

#### 5 DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

Your distributions will be automatically reinvested if no box is checked. If you'd like to have your distributions paid in cash, please indicate below:

**REINVEST**  Dividends  Short-term Capital Gains  Long-term Capital Gains

**CASH**  Dividends  Short-term Capital Gains  Long-term Capital Gains

SEND CASH DISTRIBUTIONS TO:

- The name/address on the account by check (Default for cash dividends if no selection is made)
- A bank by electronic transfer (Please provide your bank information and preprinted voided check in section 7)
- A different name and/or address by check

NAME

ADDRESS CITY/STATE/ZIP

#### 6 TELEPHONE PRIVILEGES

Privileges to redeem or exchange between identically registered accounts via telephone will automatically be established on your account unless you indicate otherwise below:

I do not want telephone privileges  I do not want Telephone Exchange Privileges  I do not want Telephone Redemption Privileges

#### 7 BANK INFORMATION

Complete this section if you would like to maintain bank instructions on file for payment of redemptions or distributions, or if you are establishing an automatic investment plan. **Please attach a preprinted voided check.**

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

Checking Account  Savings Account

#### 8 ADDITIONAL STATEMENTS

Complete this section if you would like duplicate statements of your account information to go to an interested party.

NAME

ADDRESS

CITY/STATE/ZIP

**9** SIGN YOUR NAME

All account owners or trustees must sign below. For UGMA/UTMA accounts, the custodian must sign. Please sign exactly as your name appears in Section 1.

- I am of legal age and have received and read the current prospectus for the funds I am investing in.
- I understand that shares of the funds are not insured or guaranteed by the FDIC or any other governmental agency.
- Federal Law requires the Funds to obtain, verify and record identifying information, which may include the name, residential or business street address, taxpayer identification number, or other identifying information, for each investor who opens an account. Applications without the required information, or without an indication and supporting documentation showing that a taxpayer identification number has been applied for, may not be accepted. After acceptance, the Funds reserve the right to (1) place limits on transactions in any account until the identify of the investor is verified; or (2) refuse an investment in the Funds; or (3) redeem shares and close an account in the event that an investor's identify is not verified. The Asset Management Fund and its agents will not be responsible for any loss resulting from the investor's delay in providing all required information or from restricting transactions or closing an account when an investor's identity is not verified.
- Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number or I am waiting for a number to be used to me 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 (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a US person. Cross out item 2 if it does not apply to you. The IRS does not require your consent to any provision on this application other than the certification required to avoid backup withholding.
- For Corporations, Trusts, or Other Entities, the Funds and its agents may, without inquiry, act only upon the instructions (whether oral, written, or provided by wire, telecommunications, or any other process) of any Persons purporting to be an authorized person as named in the Trust, Corporate Resolution or other acceptable document evidencing authority which was last received by the Fund or its agent. The Fund and its agent shall not be liable for any claims, expenses, or losses resulting from having acted upon any instruction reasonably believed genuine.

SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE

**FOR BROKER/DEALER USE ONLY**

11/09

BROKER/DEALER FIRM NAME		
ADDRESS		
CITY STATE ZIP		
BRANCH/AGENCY NUMBER		
INVESTMENT PROFESSIONAL NAME	INVESTMENT PROFESSIONAL NUMBER	PHONE NUMBER
INVESTMENT PROFESSIONAL SIGNATURE	DATE	