

## New Account Application for Individuals

Please complete the New Account Application and return it to us by mail or fax.  
**Note:** the application must be signed prior to submission.

Mail **Shay Financial Services, Inc.**  
-or- 230 W. Monroe St., Suite 2810  
Chicago, IL 60606  
Fax: **(312) 214-1424**

**Questions?** Call us toll free at **800-527-3713**.

### 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.

- Individual       Joint Tenants With Rights of Survivorship       Community Property  
 Tenants in Common       Other (Specify) \_\_\_\_\_

#### Important Information About Procedures For Opening a New Account

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, you are required to provide your name, residential address, date of birth, and social security number. We may require other information that will allow us to identify you.

### STEP 2 Investor Information

\_\_\_\_\_  
**Your Name** (First, M. I., Last)

\_\_\_\_\_  
**Social Security Number** (Required)

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

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

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**ZIP**

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

\_\_\_\_\_  
**Date of Birth** (mm-dd-yyyy Required)

\_\_\_\_\_  
**Daytime Telephone #**

\_\_\_\_\_  
**Evening Telephone #**

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

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

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**ZIP**

**Citizenship:**     U. S. Citizen     Non Resident Alien (Attach IRS Form W-8)     Resident Alien

#### For non-resident aliens

In addition to submitting an IRS Form W-8, the following is required: a taxpayer identification number, passport number and country of issuance, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard and a copy of the document. Please indicate form of identification:

- Alien I.D. Card (#) \_\_\_\_\_       Passport (#) \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

### STEP 3 Joint Owner Information (Optional)

\_\_\_\_\_  
**Joint Owner-if any** (First, M. I., Last)

\_\_\_\_\_  
**Social Security Number** (Required)

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

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

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**ZIP**

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### STEP 3 (Continued)

Joint Owner E-Mail Address (Optional)

Date of Birth (mm-dd-yyyy)

Mailing Address (If same as above please leave blank)

Mailing Address (Line 2)

City

State

ZIP

Daytime Telephone #

Evening Telephone #

Citizenship:  U. S. Citizen

Non Resident Alien (Attach IRS Form W-8)

Resident Alien

For non-resident aliens

Alien I.D. Card (#)

Passport (#)

Other (Specify)

### 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

### STEP 6 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

Signature

Date

X

Joint Signature (if applicable)

Date

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## STEP 7 Place Your Order

- 1) Call **800-527-3713** 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)

<b>Fund Number</b>	<b>Fund Name</b>
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

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