ASSET MANAGEMENT FUNDNew Account Application for Financial Institutions

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

Mail to: **AMF Funds** P.O. Box 803046

	Questions? Call t	us toll free at 800-247	-9780.			Chic	cago, IL 60	0680-4594 	
STEP 1	CHOOSE YO	OUR ACCOUN	Т ТҮРЕ						
	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		☐ Inst	ırance Co	mpany	
	Other(Specify)								
	*Must be a Financial Institution as defined by U.S.C. 5312 (a)(2) and (c)(1)(A).								
CTED 2	ACCOUNT I								
STEP 2	ACCOUNT	NFORMATION							
	Name of Instituti	on				Attn			
	Physical Address	(Required)				Tax I.D	. Number	(Required)	
	Physical Address	(Line 2)		City			State	Zip	
	Primary Telephor	ne #	Secondary Telephone	#	Fax #				
	Mailing Address (If same as above please leave blank)								
	Mailing Address (Line 2)		City			State	Zip	
STEP 3	AUTHORIZE	D 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) Telep					hone #			
	Signature				E-Mail Address (Optional)				

Page 1 of 3 www.amffunds.com

ASSET MANAGEMENT FUND **New Account Application for Financial Institutions**

5	П	El	•	3
CO	N٦	ΊN	U	ED

AUTHORIZED TRADERS (CONTINUED) Authorized Trader (First, M. I., Last) Telephone # **Signature** E-Mail Address (Optional) Telephone # Authorized Trader (First, M. I., Last) **Signature** E-Mail Address (Optional) Authorized Trader (First, M. I., Last) Telephone # **Signature** E-Mail Address (Optional) STEP 4 **SELECT YOUR FUND** The minimum initial investment for the Ultra Short Mortgage Fund is \$10,000.00. The minimum initial investment for the Ultrashort Financing Fund is \$25,000,000.00 for Class Y shares and \$1,000,000.00 for Class I shares. **Fund Name Fund Number** AMF Ultra Short Mortgage Fund 017 AAAMCO Ultrashort Financing Fund Class I shares 020 AAAMCO Ultrashort Financing Fund Class Y shares 021 STEP 5 **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 6 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 **Account Name Account Number**

Page 2 of 3 www.amffunds.com

Please include additional instructions on company letterhead.

ASSET MANAGEMENT FUNDNew Account Application for Financial Institutions

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

The default cost basis method is Average Cost. If you do not specify a cost basis reporting method, the FUND DEFAULT METH-OD will be applied to your account(s). If you select the Specific ID method, a secondary method may be selected in Section 8.									
For my account(s), I would li	ke:								
Average Cost (AVCS)	First In, First Out (FIFO)	Specific ID (SPID)	Last In, First Out (LIFO)						
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	•	First In, First Out (FIFO) Last In, First Out							
	Fund								
b) binerent method for each	T difd.	П	П						
Fund Name Or Number									
		П	П						
Fund Name Or Number			<u>u</u>						
YOUR SIGNATURI									
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									
 My Social Security number or employer identification number provided in this application is correct (or I am waiting for 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 bythe 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 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	D	ate	Print Name						
Title		Telephone #							
PLACE YOUR ORD	DER								
2) Wire funds to: NORTHERN TRUST BANK									
ABA #071000152 Credit A/C 5201680000									
Important – Shareholders must include slashes in the reference field. There should be no spaces in the reference field between the numbers.									
Fund Name		Fund Number							
	nd	017							
		020							
		021							
	OD will be applied to your act For my account(s), I would limit Average Cost (AVCS) If you selected Specific ID for that method below. If you do we will sell shares using the last of the well shares using the	OD will be applied to your account(s). If you select the Specific For my account(s), I would like: Average Cost (AVCS) First In, First Out (FIFO) If you selected Specific ID for your account(s) and would like to that method below. If you do not provide specific shares at the twe will sell shares using the First In, First Out (FIFO) method. A) One method for all shares in all of my Funds: OR B) Different method for each Fund: Fund Name Or Number Fund Name Or Number I acknowledge that I have received and read the current prospecount Registration Form, and agree to be bound by their terms. 1. My Social Security number or employer identification numnumber to be issued to me), 2. I am NOT subject to backup withholding because (a) I am fied bythe Internal Revenue Service (IRS) that I am subjectiverest and dividends or (c) the IRS has notified me I am 3. I am a U.S. person (including a U.S. resident alien). Cross 4. The IRS does not require your consent to any provision of backup withholding. I acknowledge that identifying information is required be verification by my financial professional, the Fund or its a close my account, redeem my shares at the next NAV min that it deems reasonable. X Authorized Signature Diamond In Sund In	OD will be applied to your account(s). If you select the Specific ID method, a secondary methor my account(s), I would like: Average Cost (AVCS) First In, First Out (FIFO) Specific ID (SPID) If you selected Specific ID for your account(s) and would like to use a secondary method as a that method below. If you do not provide specific shares at the time of your sale and do not I we will sell shares using the First In, First Out (FIFO) method. Fund Name Or Number Comparison						

Page 3 of 3 www.amffunds.com