

## IRA BENEFICIARY DESIGNATION

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

Please print all information.

| PROVIDE YOU        | JR INVESTOR IN       | FORMATION                            |                    |              |
|--------------------|----------------------|--------------------------------------|--------------------|--------------|
|                    |                      |                                      |                    |              |
| FIRST NAME         |                      | MIDDLE IN                            | ITIAL              | LAST NAME    |
| SOCIAL SECURITY NU | MBER                 | DATE OF B                            | RTH                |              |
| ADDRESS            |                      |                                      |                    |              |
| ADDRESS            |                      |                                      |                    |              |
| CITY/STATE/ZIP     |                      |                                      |                    |              |
| TELEPHONE NUMBER   | (DAYTIME)            | TELEPHON                             | e number (evening) |              |
| E-MAIL ADDRESS     |                      |                                      |                    |              |
| YOUR ACCO          | unt informati        | ON                                   |                    |              |
|                    |                      | neficiary to apply to all of my IRA  | A accounts         |              |
|                    |                      | neficiary to apply to only the follo |                    |              |
| ACCOUNT NUMBER     |                      |                                      |                    |              |
| ACCOUNT NUMBER     |                      |                                      |                    |              |
| ACCOUNT NUMBER     |                      |                                      |                    |              |
|                    |                      |                                      |                    |              |
| ACCOUNT NUMBER     |                      |                                      |                    |              |
| DESIGNATE Y        | OUR BENEFICIA        | RY                                   |                    |              |
| Upon my death,     | the beneficiary(ies) | of my IRA shall be:                  |                    |              |
| 0                  |                      |                                      |                    |              |
| BENEFICIARY NAM    | ME/ADDRESS           |                                      |                    |              |
| DATE OF BIRTH      |                      | SOCIAL SECURITY NUMBER               |                    | RELATIONSHIP |
| ☐ PRIMARY          | ☐ CONTINGENT         | SHARE %                              |                    |              |
| 2                  |                      |                                      |                    |              |
| BENEFICIARY NAM    | ME/ADDRESS           |                                      |                    |              |
| DATE OF BIRTH      |                      | SOCIAL SECURITY NUMBER               |                    | RELATIONSHIP |
| ☐ PRIMARY          | CONTINGENT           | SHARE %                              |                    |              |

| 3  |  |  |   |
|--|--|--|---|
| BENEFICIARY NA   | ME/ADDRESS   |  |   |
| DATE OF BIRTH  |  | SOCIAL SECURITY NUMBER   | RELATIONSHIP  |
| ☐ PRIMARY  | ☐ CONTINGENT   | SHARE %  |   |
| -  |  |  |   |
| BENEFICIARY NA   | ME/ADDRESS   |  |   |
| DATE OF BIRTH  |  | SOCIAL SECURITY NUMBER   | RELATIONSHIP  |
| ☐ PRIMARY  | ☐ CONTINGENT   | SHARE %  |   |
|  |  |  |   |
| BENEFICIARY NA   | ME/ADDRESS   |  |   |
| DATE OF BIRTH  |  | SOCIAL SECURITY NUMBER   | RELATIONSHIP  |
| □ PRIMARY  | CONTINGENT   | SHARE %  | KELAHONSHII   |
|  |  |  |   |
| is designated a<br>beneficiaries w   | nd no distribution perc<br>ith no share percentag  | entages are indicated, the beneficiaries will be<br>e indicated will also be deemed to share equal   | •   |
| is designated a<br>beneficiaries wi<br>If any primary o<br>percentage sha  | nd no distribution perc<br>ith no share percentag<br>or contingent beneficia<br>are of any remaining be  | entages are indicated, the beneficiaries will be<br>e indicated will also be deemed to share equal<br>ary predeceases me, his or her interest and the in<br>eneficiary(ies) shall be increased on a pro rata   | deemed to own equal share percentages. Multiple contingent  |
| is designated a<br>beneficiaries wi<br>If any primary o<br>percentage sha  | nd no distribution perc<br>ith no share percentag<br>or contingent beneficia<br>are of any remaining be  | entages are indicated, the beneficiaries will be<br>e indicated will also be deemed to share equal<br>ary predeceases me, his or her interest and the in   | deemed to own equal share percentages. Multiple contingently.  Interest of his or her heirs shall terminate completely, and the   |
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