

## AUTOMATIC INVESTMENT PLAN

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.

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## PROVIDE YOUR INVESTOR INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH		
JOINT OWNER'S FIRST NAME	MIDDLE INITIAL	LAST NAME	
ADDRESS			
ADDRESS			
CITY/STATE/ZIP			
TELEPHONE NUMBER (DAYTIME)	TELEPHONE NUMBER (EVENING)		-
E-MAIL ADDRESS			

2 SELECT YOUR AUTOMATIC INVESTMENT PLAN

Please check one:

- □ This is a new automatic investment plan.
- □ This automatic investment plan replaces all current plans, which should be removed from my account.
- □ This automatic investment plan is in addition to my current plan, which should remain on my account.

Please provide the following information to establish your automatic investment plan:

ACCOUNT NUMBER

INVESTMENT AMOUNT

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

Start Date \_

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

## 2 SELECT YOUR AUTOMATIC INVESTMENT PLAN (continued)

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Payment for your automatic investment plan will be drawn from your bank account. Please provide your bank information. Please attach a pre-printed voided check.

NAME ON BANK ACCOUNT				
BANK NAME	BANK ADDRESS			
ACCOUNT NUMBER	ROUTING NUMBER			
Checking Account Savings Account				
SIGN YOUR NAME				
All account owners or trustees must sign below. For UGMA/UTMA accounts, the custodian must sign.				
• I have read and understand the conditions of the Automatic Investment Plan				
• If an automatic investment from a bank or financial institution cannot be made due to insufficient funds or stop payment, I understand that a \$20 fee will be assessed.				
• I authorize my financial institution to honor all debit entries via the ACH Network initiated through Northern Trust Bank on behalf of the Funds.				

• I understand it may take up to 15 days to establish these privileges, and up to 5 business days to end them.

SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE

Investment return and principal value of an investment will fluctuate so that an investor's shares, when redeemed, may be worth more or less than their original cost. Mutual Funds that invest in securities issued by the U.S. Government or its Agencies are not insured by the U.S. Government, the FDIC or any other government agency. It is possible to lose money by investing in the Fund. The fund is generally subject to credit, extension, hedging, government agency, interest rate, issuer, liquidity, management, market, mortgage-related securities, repurchase agreement and valuation risks.

Read the prospectus carefully before you invest or forward funds. Investors should consider the Fund's investment objectives, risks, charges and expenses carefully before investing. The prospectus contains this and other investment information about the Fund. To receive a prospectus, please contact the Fund's Distributor, Shay Financial Services, Inc., member FINRA and SIPC, at (800) 982-1846.