



INDIVIDUAL RETIREMENT 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, PO Box 803046, Chicago, IL 60680-4594.

Please print all information.

1 PROVIDE YOUR INVESTOR INFORMATION

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

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

*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.

2 SELECT YOUR ACCOUNT TYPE

Check only one

- Traditional IRA
 SEP IRA (attach form 5305-SEP or 5305A-SEP)
 Roth IRA

3 SELECT YOUR FUND AND INITIAL INVESTMENT AMOUNT

The minimum investment for IRA's is \$2,500.00 or \$1,000.00 if you are establishing an Automatic Investment Plan (see Section 4).

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

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3 SELECT YOUR FUND AND INITIAL INVESTMENT AMOUNT (*continued*)

CHOOSE YOUR INVESTMENT METHOD

Investment will be made by:

- Check Payable to AMF or Asset Management Fund
- Wire (please call 800-247-9780 for instructions)
- Transfer of assets from another institution (Please include a completed IRA Transfer Form)

NORTHERN TRUST BANK ABA #071000152 Credit A/C 5201680000 REFERENCE: //1038 (followed by fund number and a/c number).

Important – Before wiring money to the Northern Trust Bank, shareholders must call 800-247-9780 to place the order and confirm wire instructions.

CHOOSE YOUR CONTRIBUTION TYPE

- Contribution for Tax Year _____

Note: If no Tax Year is indicated, the default value will be the current year in which your contribution is received by the Custodian.

- SEP Contribution (note that all SEP contributions are coded by the custodian for current year)
- Transfer of Assets
- Rollover from a previous retirement plan custodian in which you took receipt of assets
- Conversion from a Traditional IRA (Roth Only)

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. Note that automatic investments will be made as current year contributions.

Investment Amount (monthly minimum \$100.00)

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

Dividend and Capital Gains distributions will be automatically reinvested.

In order to request distributions from your IRA account, the IRA Distribution Request Form must be completed.

6 TELEPHONE PRIVILEGES

Privileges to 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

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 BENEFICIARY DESIGNATION

Upon my death, the beneficiary(ies) of my IRA shall be:

1 BENEFICIARY NAME/ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP

PRIMARY

CONTINGENT

SHARE %

2 BENEFICIARY NAME/ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP

PRIMARY

CONTINGENT

SHARE %

3 BENEFICIARY NAME/ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP

PRIMARY

CONTINGENT

SHARE %

4 BENEFICIARY NAME/ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP

PRIMARY

CONTINGENT

SHARE %

5 BENEFICIARY NAME/ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP

PRIMARY

CONTINGENT

SHARE %

If neither primary nor contingent is indicated, the designated beneficiary will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary predeceases me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

10 SIGN YOUR NAME

All account owners or trustees must sign below. 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.

I adopt this IRA, appointing The Northern Trust Company to act as Custodian, and to perform administrative services. I have received and read and understand the IRA Custodial Agreement and Disclosure Statement. I understand that the Custodian may charge fees to which reference is made in the Disclosure Statement and they may be separately billed or collected by redeeming sufficient shares from each portfolio account balance. I will supply the IRS with information as to any taxable year required unless filed by the Custodian.

I have read, and I accept the Custodial Agreement herin, by reference. I appoint The Northern Trust Company, or its successors, as Custodian of the accounts. I may revoke this IRA at any time.

SIGNATURE



PRINTED NAME

DATE

Lisa Shea

THE NORTHERN TRUST COMPANY AUTHORIZED SIGNATURE

PRINTED NAME

FOR BROKER/DEALER USE ONLY

3/12

BROKER/DEALER FIRM NAME

ADDRESS

CITY STATE ZIP

BRANCH/AGENCY NUMBER

INVESTMENT PROFESSIONAL NAME

INVESTMENT PROFESSIONAL NUMBER

PHONE NUMBER

INVESTMENT PROFESSIONAL SIGNATURE

DATE