

In order to open a new account, you must first finish the two-step process 1) complete this application form **and** 2) call the Transfer Agent at 800-247-9780 (select option 1).

Once your account is set up, an authorized person may purchase additional shares by calling 800-247-9780 or faxing written instructions to the Transfer Agent at 312-849-5199. All trade instructions must be received by 4:00 pm Eastern Standard Time in order to be placed that day. In addition, the funds must be received by the Fund that same day for the trade to be effective.

For assistance in completing this application form, an initial purchase letter of instruction, or any other query, please call 800-247-9780 or 312-849-5199, if dialing internationally. Please mail your completed, signed and dated application to AMF Funds, P.O. Box 803046, Chicago, IL 60680-4594. Overnight: Asset Management Fund c/o Northern Trust Attn: Funds Center C5S 801 S Canal St Chicago, IL 60607

Please print all information.

1 CHOOSE YOUR ACCOUNT TYPE *and complete the information for that section*

Choose your account type and complete the information for that section

- TRUST
 C-CORPORATION
 S-CORPORATION
 ENDOWMENT/FOUNDATION
 ERISA PLAN
 GOVERNMENT ENTITY
 RETIREMENT PLAN
 PARTNERSHIP
 OTHER _____

If you checked Retirement Plan, please indicate if this is a 401(k) Profit Sharing Plan Defined Benefit Plan Other _____

NAME OF CORPORATION, TRUST OR OTHER ENTITY _____ ATTENTION _____

TAX IDENTIFICATION NUMBER _____ DATE OF TRUST AGREEMENT (FOR TRUSTS) _____

NAME OF TRUSTEE (FOR TRUST ACCOUNT) _____ TRUSTEE'S SOCIAL SECURITY NUMBER _____ TRUSTEE'S DATE OF BIRTH _____

NAME OF TRUSTEE (FOR TRUST ACCOUNT) _____ TRUSTEE'S SOCIAL SECURITY NUMBER _____ TRUSTEE'S DATE OF BIRTH _____

Is this a publicly traded company? Yes No Please Provide Ticker Symbol _____

Is this a Registered Investment Company? Yes No

Additional documentation is required for legal entities to complete the application process. A Certification Regarding Beneficial Owners of Legal Entity Customers Form is required. Please review and complete the Appendix as appropriate.

To open a Trust account, please include a copy of the title and signature pages of the Trust.

To open a Corporate account, please include a certified copy of the corporate resolution, including authorized signers, dated within 6 months AND a copy of one of the following: articles of incorporation, government issue business license, or certificate of good standing.

- INDIVIDUAL
 JOINT
 UTMA

OWNER/CUSTODIAN'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

OWNER/CUSTODIAN'S SOCIAL SECURITY NUMBER _____ OWNER'S DATE OF BIRTH _____

JOINT OWNER/MINOR'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

JOINT OWNER/MINOR'S SOCIAL SECURITY NUMBER _____ OWNER'S DATE OF BIRTH _____

2 ADDRESS

Please provide a street address for the account owner. All account-related materials will be sent to this address unless an account mailing address is provided below.

RESIDENTIAL/STREET ADDRESS

RESIDENTIAL/STREET ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER (DAYTIME)

TELEPHONE NUMBER (EVENING)

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.

3 SELECT YOUR FUND

Initial amount to be invested is \$ _____, to be allocated initially to the following Portfolios as specified:
(Leave blank if unknown at time of application)

Fund	Minimum Initial Investment	Fund Number	Amount
Ultra Short Mortgage Fund	\$10,000	017	\$
AAAMCO Ultrashort Financing Fund Class I	\$25,000	020	\$
AAAMCO Ultrashort Financing Fund Class Y	\$10,000,000	021	\$
Large Cap Equity Fund Class AMF	\$2,500 (\$1,000 with a minimum monthly contribution to the Automatic Investment Plan of \$100)	031	\$
Large Cap Equity Fund Class H	\$3,000,000	041	\$

Payment instructions: Please note that cash, currency, and third-party checks are not accepted.

Please indicate what type of payment proceeds will accompany this application:

Check Wire

If wire, see wire instructions below.

I /We authorize the Fund to process an initial purchase using the Fund selection(s) and amount(s) below, without inquiry. I/We agree that the Fund and their agents will not be liable for any claims, expenses, or losses resulting from having acted upon these instructions reasonably believed genuine.

Wire Instructions: Please be advised that accounts must be established prior to wiring funds. Call 800-247-9780 or 312-849-5199 for instructions on how to make payments.

4 ESTABLISH AUTOMATIC INVESTMENT PLAN FOR THE LARGE CAP EQUITY FUND CLASS AMF (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 9.

Investment Amount (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

Your distributions will be automatically reinvested if no box is checked. If you'd like to have your distributions paid in cash, please indicate below:

REINVEST Dividends Short-term Capital Gains Long-term Capital Gains

CASH Dividends Short-term Capital Gains Long-term Capital Gains

SEND CASH DISTRIBUTIONS TO:

- The name/address on the account by check (Default for cash dividends if no selection is made)
- A bank by electronic transfer
- A different name and/or address by check

NAME _____

ADDRESS CITY/STATE/ZIP _____

6 ELECT YOUR COST BASIS METHOD FOR YOUR ACCOUNT

The default cost basis method is Average Cost. If you do not specify a cost basis reporting method, the Fund will apply its default cost basis method to your account. If you select the Specific ID method, a secondary method may be selected in Section 6.

For my account, I would like:

Average Cost (AVCS) First In, First Out (FIFO) Specific ID (SPID) Last In, First Out (LIFO)

SPECIFIC ID SECONDARY METHOD (optional)

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.

First In First Out (FIFO) Last In, First Out (LIFO)

7**TELEPHONE PRIVILEGES**

Privileges to redeem via telephone will automatically be established on your account unless you indicate otherwise below:

I do not want any Telephone Redemption Privileges

8**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.

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

BENEFICIARY NAME

BENEFICIARY ACCOUNT NUMBER

Checking Account Savings Account

9**COMMUNICATION PREFERENCES**

HOUSEHOLDING/CONSOLIDATED MAILING

The Funds are authorized to send only one copy of shareholder reports, prospectuses, or proxy materials to all accounts at this address unless you indicate otherwise below.

I do not want mailings consolidated.

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

10 ONLINE ACCESS ENROLLMENT

Complete this section to establish online access to account statements and other documents. Online access to account statements and other documents will not replace hard copy delivery of these documents.

Provide the user name and email information. Once the user is established, the User ID and password will be emailed to the address provided below.

USER NAME (PLEASE NOTE THAT THE USER NAME IS LIMITED TO 50 CHARACTERS)

USER EMAIL ADDRESS

USER NAME (PLEASE NOTE THAT THE USER NAME IS LIMITED TO 50 CHARACTERS)

USER EMAIL ADDRESS

USER NAME (PLEASE NOTE THAT THE USER NAME IS LIMITED TO 50 CHARACTERS)

USER EMAIL ADDRESS

11 AUTHORIZED SIGNERS

You have been duly authorized by the registered owner to execute and deliver documents on behalf of the registered owner, included this account application.

- The Funds and the Transfer Agent may accept and act on instructions it reasonably believes were received from any authorized signer, and shall have no liability for accepting and acting on such instruction.
- The authority granted to an authorized signatory on this form shall remain in full force and effect until the Funds or the Transfer Agent has received notice of a change of authority or a revocation of authority.

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

12 SIGN YOUR NAME

All account owners or trustees must sign below. For individuals, please sign exactly as your name appears in Section 1.

1. You confirm you have received and read the current prospectus and privacy notice for the Fund you are investing in.
 2. You understand that shares of the Fund are not insured or guaranteed by the FDIC or any other governmental agency.
 3. You understand that 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 and that 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. You further understand that after acceptance, the Funds reserve the right to (1) place limits on transactions in any account until your identity is verified; or (2) refuse an investment in the Funds by you; or (3) redeem shares and close your account in the event that your identity is not verified. You agree that the Funds and their agents will not be responsible for any loss resulting from your delay in providing all required information or from restricting transactions or closing an account when your identity is not verified.
 4. Under penalties of perjury, you certify that (1) the number shown on this application is your correct taxpayer identification number or you are waiting for a number to be issued to you and (2) you are not subject to backup withholding because (a) you are exempt from backup withholding or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or (c) the IRS has notified you that you are no longer subject to backup withholding. **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.**
 5. **For Foreign Investors:** You understand that you will be required to complete additional information to meet all USA PATRIOT Act requirements before your application can be approved and that you may be subject to withholding. **Please consult your tax advisor.**
 6. **For Corporations, Trusts, or Other Entities:** You acknowledge that the Funds and their agents may, without inquiry, act only upon the instructions (whether oral, written, or provided by wire, telecommunications, or any other process) of persons purporting to be your authorized persons as named in the Trust, Corporate Resolution or other acceptable document evidencing authority to act on your behalf which was last received by the Funds or their agent. You agree that the funds and their agents will not be liable for any claims, expenses, or losses resulting from having acted upon instruction reasonably believed genuine.
 7. You understand that if the Transfer Agent cannot locate you, your account may be deemed legally abandoned and then escheated (transferred) to the appropriate state's unclaimed property administration in accordance with statutory requirements.
 8. You affirmatively elect into the cost basis election indicated in Section 5, and not in the defaulted cost basis method of the Fund in which you are investing in.
- A. You agree that your access to and use of your online account on the Transfer Agent's website (the Site) is at your own risk and that the Funds do not warrant that the use of the Site for this purpose or any material downloaded from it will not cause damage to any property, or otherwise minimize or eliminate the risks associated with the internet including, but not limited to, loss of data, computer virus infection, spyware, malicious software, trojans and worms. The Funds accept no liability or responsibility of any kind for any loss or damage that you incur in the event of any failure or interruption of the Site or resulting from the act or omission of any party involved in making your online account available to you or from any other cause relating to your access to, inability to access, or use of the Site.
- B. You agree that you are responsible for the confidentiality and use of the individualized password that will be issued to you in connection with your account. Your password is an important means of protection for you. You agree to contact the Transfer Agent immediately if you believe that an unauthorized person has obtained access to your password. The Funds accept no liability for the use of your password by anyone other than you or your authorized agents or otherwise for any authorized access to your account.
- C. BY SIGNING THIS FORM YOU CONFIRM YOUR UNDERSTANDING OF AND AGREEMENT WITH THE ABOVE STATEMENTS AND AUTHORIZE THE FUNDS TO PLACE THE TRADE.

SIGNATURE PRINTED NAME DATE

SIGNATURE PRINTED NAME DATE

SIGNATURE PRINTED NAME DATE

Please read the prospectus or summary prospectus carefully before investing. The Funds are advised by Austin Atlantic Asset Management Co. and distributed through Austin Atlantic Capital Inc., member FINRA/ SIPC.

APPENDIX

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

WHAT IS THIS FORM?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country (subject to certain exemptions).

WHAT INFORMATION DO I HAVE TO PROVIDE?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. persons) of the following individuals (i.e., the beneficial owners) for applicable legal entities.

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The Fund(s) will require that a copy of a Passport, or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard, be obtained for non-U.S. beneficial owners listed on this form. The Fund(s) may also ask to see a copy of a driver’s license or other identifying document for each U.S. beneficial owner listed on this form.

NAME AND TITLE OF PERSON COMPLETING THIS CERTIFICATION

NAME, TYPE AND ADDRESS OF LEGAL ENTITY FOR WHICH THE CERTIFICATION IS BEING COMPLETED

THE LEGAL ENTITY IS (SELECT ONE):

- Any legal entity that is established as a nonprofit corporation or similar entity (such as charitable, nonprofit, not-for-profit, nonstock, public benefit or similar corporations) and has filed its organizational documents with the appropriate State authority as necessary
- A pooled investment vehicle that is operated or advised by a financial institution that is not one of the excluded legal entity types listed below.

**COMPLETE
SECTIONS A
AND C BELOW**

(Section B not
required)

-
- Publicly Traded Company (Ticker Symbol: _____)
 - A Trust (other than a statutory trust created by a filing with a Secretary of State or similar officer)
 - A sole proprietorship
 - An unincorporated association
 - A financial institution regulated by a Federal functional regulator or a bank regulated by a State bank regulator
 - An insurance company that is regulated by a State
 - A department or agency of the United States, or any State, or of any political subdivision of a State
 - Any entity established under the laws of the United States, of any State, or of any political subdivision of any State, or under an interstate compact between two or more States, that exercise governmental authority on behalf of the United States or of any such State or political subdivision
 - An issuer of a class of securities registered under section 12 of the Securities Exchange Act of 1934 or that is required to file reports under section 15(d) of that Act
 - An investment company, as defined in Section 3 of the Investment Company Act of 1940, that is registered with the SEC under that Act
 - An investment adviser, as defined in section 202(a)(11) of the Investment Advisers Act of 1940, that is registered with the Securities and Exchange Commission under that Act
 - An exchange or clearing agency, as defined in section 3 of the Securities Exchange Act of 1934, that is registered under section 6 or 17A of the Act
 - Any other entity registered with the Securities and Exchange Commission under the Securities Exchange Act of 1934
 - A registered entity, commodity pool operator, commodity trading advisor, retail foreign exchange dealer, swap dealer, or major swap participant, each as defined in section 1a of the Commodity Exchange Act, that is registered with the Commodity Futures Trading Commission
 - A public accounting firm registered under section 102 of the Sarbanes-Oxley Act
 - A bank holding company, as defined in section 2 of the Bank Holding Company Act of 1956 (12 U.S.C. 1841) or savings and loan holding company, as defined in section 10(n) of the Home Owners' Loan Act (12 U.S.C. 1467 a(n))
 - A pooled investment vehicle that is operated or advised by a financial institution that is excluded from this rule
 - A financial market utility designated by the Financial Stability Oversight Council under Title VIII of the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010
 - A non-U.S. governmental department, agency or political subdivision that engages only in governmental rather than commercial activities

**COMPLETE
SECTION C
BELOW**

(Sections A and B
not required)

The Fund(s) may
request additional
documentation if one
of these legal entity
types is selected.

-
- Any other corporation, limited liability company, general partnership, limited partnership, or business trust created by filing with a state office

**COMPLETE
SECTIONS A, B
AND C BELOW**

A**CONTROL PERSON INFORMATION**

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed in Section B below may also be listed in this section).

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
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TITLE	DATE OF BIRTH
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STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY	STATE	ZIP
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FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER*	COUNTRY OF ISSUANCE
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* Non-U.S. persons must provide a Social Security Number or a copy of a passport, an alien identification card or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

B**BENEFICIAL OWNER INFORMATION**

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. (If appropriate, an individual listed under section A above may also be listed in this section.)

If no individual meets the ownership criteria defined above, check here:

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
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PERCENT OWNERSHIP	DATE OF BIRTH
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STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY	STATE	ZIP
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FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER*	COUNTRY OF ISSUANCE
---	---------------------

* Non-U.S. persons must provide a Social Security Number or a copy of a passport, an alien identification card or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

(Additional Beneficial Owner Information entry block on next page)

B BENEFICIAL OWNER INFORMATION *continued*

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. (If appropriate, an individual listed under section A above may also be listed in this section.)

If no individual meets the ownership criteria defined above, check here:

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

PERCENT OWNERSHIP DATE OF BIRTH

STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY STATE ZIP

FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER* COUNTRY OF ISSUANCE

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

PERCENT OWNERSHIP DATE OF BIRTH

STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY STATE ZIP

FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER* COUNTRY OF ISSUANCE

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

PERCENT OWNERSHIP DATE OF BIRTH

STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY STATE ZIP

FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER* COUNTRY OF ISSUANCE

* Non-U.S. persons must provide a Social Security Number or a copy of a passport, an alien identification card or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

B BENEFICIAL OWNER INFORMATION *continued*

Beneficial Owner Detail: As applicable, explain any layers of Beneficial Ownership (for example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.), or provide a schematic of Beneficial Ownership information.

C CERTIFICATION

I, _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

SIGNATURE

DATE

IMPORTANT NOTIFICATIONS

To help the government fight financial crime, Federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. We will use the name, address, date of birth and other information provided in this form to identify each such person. We also may ask to see their driver's license or other identifying documents.