

# CASH MANAGEMENT CLASS

## NEW ACCOUNT APPLICATION



Distributed by Foreside Fund Services, LLC

### Important Notice - Compliance with The USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will verify this information to ensure the identity of all individuals opening a mutual fund account.

**Please note that if the application is not completed in full with the necessary data required by federal law, your initial investment and account application will be returned to you for completion.**

## 1 FUND SELECTION

American Beacon Fund (number)	Minimum Investment	Initial Investment
<input type="checkbox"/> Money Market Fund (1900)	\$10,000,000	\$ _____
<input type="checkbox"/> U.S. Government Money Market Fund (64)	\$ 2,000,000	\$ _____

## 2 ACCOUNT TYPE (PLEASE CHOOSE ONE)

- Corporation (A copy of the certified articles of incorporation or business license of the corporation must be attached.)  
If publicly traded, please provide symbol \_\_\_\_\_
- Trust Company (A copy of the first and last page of the trust agreement or certificate of incumbency must be attached.)
- Partnership (A copy of the partnership agreement must be attached.)
- Other \_\_\_\_\_ (legal documentation that identifies the business name, street address, and EIN must be attached.)

Please check any applicable boxes below:

- Broker/Dealer - NSCC Clearing Number \_\_\_\_\_
- Defined contribution 401(k) plan
- Public Sector/Municipality
- Insurance Company
- Other Non-profit
- Defined benefit plan
- Hospital/HMO
- Foundation/Endowment
- Taft Hartley

Shareholder tax status (please check one):

- Taxable
- Non-taxable

## 3 ACCOUNT INFORMATION

_____ Name of corporation or other entity	_____ Tax ID number	_____ Date of trust agreement (if trust)
_____ Primary contact, trustee or custodian	_____ Social Security number (not required for corporate accounts)	_____ Date of birth
_____ Mailing address (primary contact)	_____ City	_____ State
		_____ Zip

### 3 ACCOUNT INFORMATION (CONTINUED)

(If mailing address is a post office box, a street address is also required by the USA Patriot Act)

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State in which domiciled \_\_\_\_\_ State of incorporation/registration \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Secondary contact, trustee or custodian \_\_\_\_\_ Social Security number \_\_\_\_\_ Date of birth \_\_\_\_\_  
(not required for corporate accounts)

Mailing address (duplicate statements) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Authorized trader \_\_\_\_\_ Authorized trader \_\_\_\_\_

Authorized trader \_\_\_\_\_ Authorized trader \_\_\_\_\_

If necessary, please attach a sheet for additional traders.

### 4 DISTRIBUTION OPTION (IF NONE ARE CHECKED ALL DISTRIBUTIONS WILL BE REINVESTED)

Income and short-term capital gains      Reinvested      Cash  
     

### 5 WIRING INSTRUCTIONS

1. \_\_\_\_\_ Bank's ABA Number \_\_\_\_\_  
Name of account

2. \_\_\_\_\_ Bank's Account Number \_\_\_\_\_  
Name of bank

Special instructions: \_\_\_\_\_

### 6 AUTHORIZATIONS/ACKNOWLEDGEMENTS

The transfer agent is hereby authorized to act upon telephone or written instructions, in accordance with the procedures and conditions set forth in the current prospectus for the purpose of redeeming shares or exchanging shares. I understand that the exchange privilege is only available for exchanges within the same class of shares. Neither the American Beacon Funds (the "Funds") nor the transfer agent will be liable for any loss, expense or cost arising out of any telephone or written requests believed by it to be genuine.

By execution of this application, the investor represents and warrant that (a) he/she/it has the full right, power and authority to make the investment applied for and (b) if applicable, he/she is a natural person of legal age in his state of residence and that all information on this application is true and correct. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the Funds on behalf of the investor.

I have read the applicable prospectus and this application and agree to all their terms. I also agree that any shares purchased now or later are and will be subject to the terms of the applicable prospectus as in effect from time to time. It is acknowledged that American Beacon Advisors, Inc. is not a fiduciary (as defined by the Employee Retirement Income Act of 1974, as amended or otherwise) of the person (or entity) named above as "shareholder" or any person (or entity) for whom said "shareholder" may act.

**6 AUTHORIZATIONS/ACKNOWLEDGEMENTS (CONTINUED)**

(For individuals) If I am a U.S. citizen, resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that: (a) The employer identification or Social Security number shown on this form is my correct Taxpayer Identification Number; (b) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend income, or (iii) the Internal Revenue Service has notified me that I am no longer subject to backup withholding (strike out item (b) if you have been notified that you are subject to backup withholding); (c) I am a U.S. person (including U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

\_\_\_\_\_  
Authorized signature Title Date

\_\_\_\_\_  
Authorized signature Title Date

Note: Only an authorized signer may request changes to this account.

**7 Purchase/Redemption of Fund Shares**

Refer to the sections of the prospectus entitled "Purchase and Redemption of Shares" for the official policies and procedures of the American Beacon Funds. Deadlines for placing orders are listed below or at the close of the New York Stock Exchange, whichever comes first :

<b>Purchases</b>	<b>Redemptions</b>	<b>Redemption Proceeds</b>
5:00 PM Eastern Time	3:00 PM Eastern Time	orders placed by the deadline will generally be transmitted to shareholders the same day

**Purchases by Wire:**

To make a purchase, redemption or to confirm receipt of a wire, call (800) 658-5811. Purchases may also be placed through our website at www.americanbeaconfunds.com. Click on "My Account". Funds due for the purchase of shares must be wired as follows:

State Street Bank and Trust Co.  
ABA #0110-0002-8  
A/C #9905-342-3  
Re: (American Beacon Fund Name) - Cash Management Class  
(Shareholder Account Number) (Fund Number) (Account Name)

**For shareholder account matters contact:**

American Beacon Funds  
P.O. Box 219643  
Kansas City, MO 64121-9643  
(800) 658-5811

**Overnight Delivery**

American Beacon Funds  
c/o BFDS - Midwest  
330 West 9th Street, 3rd Floor  
Kansas City, MO 64105

8:00 AM - 5:00 PM Central Time, Monday - Friday

**Fax completed application to American Beacon Advisors Client Services at: (817) 931-8803**

**Mail original application to:  
American Beacon Advisors, Inc.  
4151 Amon Carter Blvd., MD 2450  
Fort Worth, TX 76155  
Attn: Client Service Dept.**

<i>For office use only:</i>	
ABA representative signature: _____	Date sent to transfer agent: _____
Blue Sky exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	Code ref: _____ By: _____
<input type="checkbox"/> Other _____	