

# Investor Class - Retail Investor New Account Application

Do NOT use for IRA Accounts



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 (\$2,500 MINIMUM FOR EACH FUND)

American Beacon Fund (number)	Initial Investment	American Beacon Fund (number)	Initial Investment
<input type="checkbox"/> Balanced Fund (98)	\$ _____	<input type="checkbox"/> Emerging Markets Fund* (105)	\$ _____
<input type="checkbox"/> Global Real Estate Fund* (97)	\$ _____	<input type="checkbox"/> High Yield Bond Fund* (1902)	\$ _____
<input type="checkbox"/> Intermediate Bond Fund (2258)	\$ _____	<input type="checkbox"/> International Equity Fund* (100)	\$ _____
<input type="checkbox"/> Large Cap Value Fund (99)	\$ _____	<input type="checkbox"/> Mid-Cap Value Fund (2246)	\$ _____
<input type="checkbox"/> Retirement Income and Appreciation Fund (2013)	\$ _____	<input type="checkbox"/> S&P 500 Index Fund (904)	\$ _____
<input type="checkbox"/> Short-Term Bond Fund (101)	\$ _____	<input type="checkbox"/> Small Cap Value Fund (748)	\$ _____
<input type="checkbox"/> Treasury Inflation Protected Securities Fund (2259)	\$ _____	<input type="checkbox"/> Zebra Large Cap Equity Fund (1526)	\$ _____
<input type="checkbox"/> Zebra Small Cap Equity Fund (1527)	\$ _____		

\*Redemption fees may be applicable. Please review prospectus for further details.

## 2 ACCOUNT REGISTRATION (PLEASE CHOOSE ONE)

Attach separate list for additional registrants including full name, Social Security number, and date of birth. All must sign.

Individual

Joint Registrant

Owner's name (first, middle initial, last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Joint owner's name (first, middle initial, last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

(Two or more co-owners will be registered as joint tenants with rights of survivorship unless you specify another form of ownership.)

Gifts/Transfers to Minors (UGMA/UTMA)

Custodian's name (first, middle initial, last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Minor's name (first, middle initial, last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Minor's state of residence: \_\_\_\_\_



**5 DISTRIBUTION OPTION (IF NONE ARE CHECKED ALL DISTRIBUTIONS WILL BE REINVESTED)**

	<b>Reinvested</b>	<b>Cash</b>	
Dividends (includes short-term capital gains)	<input type="checkbox"/>	<input type="checkbox"/>	
Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>	
If cash:	<input type="checkbox"/> <b>By check to the address on the application</b>	<input type="checkbox"/> <b>By ACH to the bank in Section 4</b>	
If Reinvest:	<input type="checkbox"/> <b>Dividends</b>	<input type="checkbox"/> <b>Capital Gains</b>	<input type="checkbox"/> <b>Both</b>

From: \_\_\_\_\_ Into: \_\_\_\_\_

Fund Number \_\_\_\_\_ Account Number \_\_\_\_\_ Fund Number \_\_\_\_\_ Account Number \_\_\_\_\_

All distributions must be reinvested within the same class of funds.

**6 TELEPHONE EXCHANGE PRIVILEGE AND/OR TELEPHONE REDEMPTION PRIVILEGE (OPTIONAL)**

**Telephone Exchange** - Shareholders may exchange shares of one fund for shares in the same class of another American Beacon Fund, subject to the terms of the prospectus. Telephone exchanges are activated by instructions received from a shareholder or any person authorized to act as the shareholder's representative who can provide the transfer agent with account registration information. Neither the American Beacon Funds (the "Funds") nor the transfer agent will be liable for properly acting upon telephone instructions believed to be genuine.

**Authorizes the Funds' transfer agent to act upon exchange requests received by telephone.**

**Telephone Redemption** - Authorizes the Funds' transfer agent to act upon redemption requests received by telephone. Neither the Funds nor the transfer agent will be liable for properly acting upon telephone instructions believed to be genuine. Should the Funds or its transfer agent fail to utilize reasonable procedures, they may be liable for any losses due to unauthorized or fraudulent instructions. You will automatically have the ability to make redemptions by telephone unless you decline below (a check will be mailed to the address of record).

**Does not authorize the Funds' transfer agent to act upon redemption requests received by telephone.**

**7 AUTOMATIC INVESTMENT PLAN (OPTIONAL)**

The American Beacon Funds permit you to invest automatically from your bank account on a monthly or quarterly basis (\$50 minimum per fund and a \$2,500 minimum initial investment is required). Investments will occur on or about the 5th day of each month. Please complete **Section 5** and the information below:

\_\_\_\_\_ \$ \_\_\_\_\_  
Fund name

\_\_\_\_\_ \$ \_\_\_\_\_  
Fund name

\_\_\_\_\_ \$ \_\_\_\_\_  
Fund name

Please initiate the transaction on a:  **Monthly**  **Quarterly basis beginning:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**8 SYSTEMATIC WITHDRAWAL PLAN (OPTIONAL)**

The plan allows you to have automatic redemption amounts mailed to you, sent to a third party or deposited through ACH into your bank account. A minimum account balance of \$2,500 is required. For additional information, please see the prospectus. The transfer agent is authorized to redeem sufficient shares from my fund account(s) to make payments of at least \$50 on or about the 15th day of each month as designated below:

\_\_\_\_\_ \$ \_\_\_\_\_  
Fund name

\_\_\_\_\_ \$ \_\_\_\_\_  
Fund name

\_\_\_\_\_ \$ \_\_\_\_\_  
Fund name

Check one:

- Send checks to address of record**       **Transfer to bank account (see Section 4)**       **Mail as listed below**

Payee Name \_\_\_\_\_ Street Address \_\_\_\_\_

Your Signature \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**9 SIGNATURES**

By execution of this application, the investor represents and warrants 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 fund 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 Fund's prospectus as in effect from time to time.

**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.)**

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

Signature of Individual, Custodian or Trustee \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner, if any \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

American Beacon Funds is a service mark of American Beacon Advisors, Inc.

**Mail the completed application form to:**

**Regular Mail:**  
American Beacon Funds  
P.O. Box 219643  
Kansas City, MO 64121-9643

**Overnight Delivery:**  
American Beacon Funds  
c/o BFDS - Midwest  
330 West 9th Street  
Kansas City, MO 64105