

# Advisor 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 (\$2,500 MINIMUM FOR EACH FUND)

American Beacon Fund (number)	Initial Investment	American Beacon Fund (number)	Initial Investment
<input type="checkbox"/> Balanced Fund (2162)	\$ _____	<input type="checkbox"/> International Equity Fund* (2035)	\$ _____
<input type="checkbox"/> Large Cap Value Fund (2163)	\$ _____	<input type="checkbox"/> Mid-Cap Value Fund (2249)	\$ _____
<input type="checkbox"/> Small Cap Value Fund (2036)	\$ _____		

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

## 2 ACCOUNT TYPE (PLEASE CHOOSE ONE)

- Financial Institution regulated by a federal functional regulator (account is for own behalf or for benefit of its clients)
- Bank regulated by a state bank regulator (account is for own behalf or for benefit of its clients)
- Corporation (A copy of the certified articles of incorporation or business license of the corporation must be attached.)

If publicly traded corporation, please provide symbol: \_\_\_\_\_

- Trust (A copy of the first and last page of the trust agreement must be attached.) Date of trust agreement \_\_\_\_\_
- Government Agency or Instrumentality
- Partnership (A copy of the partnership agreement must be attached.)
- Retirement Account covered by ERISA

Other: \_\_\_\_\_  
(Legal documentation that identifies the business name, street address, and EIN must be attached.)

Please check any applicable boxes below:

- |   |  |
|---|--|
| <input type="checkbox"/> Broker/Dealer – NSCC Clearing Number _____ | <input type="checkbox"/> Defined Benefit Plan                                  |
| <input type="checkbox"/> Defined Contribution 401(k) Plan           | <input type="checkbox"/> Hospital / HMO  |
| <input type="checkbox"/> Public Sector / Municipality               | <input type="checkbox"/> Foundation / Endowment                                |
| <input type="checkbox"/> Insurance Company                          | <input type="checkbox"/> Taft Hartley  |
| <input type="checkbox"/> Other Non-Profit                           | <input type="checkbox"/> Omnibus Account<br>(multiple underlying shareholders) |

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

\_\_\_\_\_  
Mailing Address (Primary Contact)      City      State      Zip

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

\_\_\_\_\_  
Street Address (Primary Contact)      City      State      Zip

State in Which Domiciled: \_\_\_\_\_

State of Incorporation/Registration: \_\_\_\_\_

\_\_\_\_\_  
E-mail Address      Phone      Fax

\_\_\_\_\_  
Secondary Contact, Trustee or Custodian

\_\_\_\_\_  
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)**

	<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"/>

**5 WIRING INSTRUCTIONS**

Name of Account: \_\_\_\_\_ Bank's ABA Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Bank's Account Number: \_\_\_\_\_

**Special Wiring Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6 AUTHORIZATION / 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 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 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.

**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.**

\_\_\_\_\_  
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>American Beacon Funds</b>	<b>Purchases</b> 4:00 PM Eastern Time	<b>Redemptions</b> 4:00 PM Eastern Time	<b>Redemption Proceeds</b> Orders placed by the deadline will generally be transmitted to shareholders the next business day.
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**Purchases by Wire:**

To make a purchase, redemption or to confirm receipt of a wire, call (800) 658-5811. 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) (Fund Number) – Advisor Class  
(Shareholder Account Number) (Account Name)

**Fax completed application to (816) 374-7408 (8:00 AM - 5:00 PM Central Time, Monday – Friday)**

**Mail original application to:**  
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  
Kansas City, MO 64105

*For office use only:*

ABA representative signature: \_\_\_\_\_

Blue Sky exempt:  Yes  No Code ref: \_\_\_\_\_ By: \_\_\_\_\_