

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.

Please call 1-800-658-5811 for assistance to complete this form.

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"/> Mid-Cap Value Fund (2249)	\$ _____
<input type="checkbox"/> International Equity Fund (2035)	\$ _____	<input type="checkbox"/> Small Cap Value Fund (2036)	\$ _____
<input type="checkbox"/> Large Cap Value Fund (2163)	\$ _____		

2 ACCOUNT TYPE (Please choose one)

- Financial Institution regulated by a federal financial 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)
- S Corporation (A copy of the certified articles of incorporation or business license of the corporation must be attached.)
- C 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 plan 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"/> 457	<input type="checkbox"/> Insurance Company
<input type="checkbox"/> 403(b)	<input type="checkbox"/> Taft Hartley
<input type="checkbox"/> Other Non-Profit	<input type="checkbox"/> Omnibus Account (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) <small>(If mailing address is a post office box, a street address is also required by the USA Patriot Act)</small>	_____ City	_____ State	_____ Zip
_____ 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: _____ <small>(If necessary, please attach a sheet for additional traders.)</small>	Authorized Trader: _____		

4 DISTRIBUTION OPTION (If none are checked all distributions will be reinvested)

	Reinvested	Cash
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: _____	Account Number: _____
Name of Bank: _____	Bank's ABA Number: _____
Special Wiring Instructions: _____	

6 COST BASIS REPORTING FOR COVERED SHARES (Required for taxable accounts)

Federal law requires mutual fund companies to report cost basis information to shareholders and to the Internal Revenue Service (IRS) on mutual fund shares acquired and subsequently redeemed after January 1, 2012. In order to provide you and the IRS with accurate cost basis accounting, you are being asked to select a cost basis method for your new account.

You may want to consult your tax adviser to determine which method best suits your individual tax situation.

If you do not elect a method, the Fund default method of Average Cost will apply until such a time that it is revoked or changed by you in writing. You are always allowed to change a basis method prospectively, no matter what basis method you choose.

Please choose one of the following available cost basis methods:

- Average Cost (ACST)** – The purchase price of all covered shares in the account are averaged.
- First In, First Out (FIFO)** – Depletes shares beginning with the earliest acquisition date.
- Last In, First Out (LIFO)** – Depletes shares beginning with the most recent acquisition date.
- High Cost (HIFO)** – Depletes shares beginning with the most expensive shares.
- Low Cost (LOFO)** - Depletes shares beginning with the least expensive shares.
- Loss/Gain Utilization (LGUT)** – Depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares.
- Specific Lot Identification (SLID)** – You will inform us at the time of redemption which specific share lots you want redeemed. If selecting Specific Lot Identification, please choose a secondary method to be used. In the event that specific lot depletion information is not provided, American Beacon's designated default calculation method, FIFO, will be used. Please choose one of the following:
 - First In, First Out (FIFO)
 - Last In, First Out (LIFO)
 - High Cost (HIFO)
 - Low Cost (LOFO)
 - Loss/Gain Utilization (LGUT)

Your elected cost basis method will be applied to all existing and future accounts opened with the American Beacon Funds that have the identical account type and registration.

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, exchange or redeem shares of the fund on behalf of the investor.

I have read this application, the applicable prospectus, and can request the applicable statement of additional Information (or download it from www.americanbeaconfunds.com) and agree to be bound by all of their terms and conditions. I also agree that any shares purchased now or later are and will be subject to the terms of the applicable prospectus and statement of additional information as in effect from time to time. I understand that I may be eligible to purchase more than one share class. I am aware of the fee structures (including any applicable sales charges, breakpoint discounts, or rights of accumulation) of the available share classes and have selected the share class best suited to my investment objectives, time horizon, and risk tolerance. If I exchange all shares into a new fund, all account options I have selected in this application will apply. I understand that if multiple accounts have the same Taxpayer Identification Number that I may receive a single copy to my household of a fund's prospectus, annual report, semi-annual report or other information that is required to be delivered. If I wish to receive a separate copy of these materials I agree to tell American Beacon Funds by phone, in writing or by email. I have reviewed the Funds' Privacy Policy at www.americanbeaconfunds.com/PrivacyPolicy.aspx. I, and any person with an ownership interest in this account, am not subject to any restriction or sanctions by the Office of Foreign Asset Control or any other government agency.

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
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Authorized Signature	Title	Date
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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:

	Purchases	Redemptions	Redemption Proceeds
American Beacon Funds	4:00 PM Eastern Time	4:00 PM Eastern Time	Orders placed by the deadline will generally be transmitted to shareholders the next business 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 web site at www.americanbeaconfunds.com. Click on "My Account". Monies 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

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
(800) 658-5811